Safeguarding Children and Child Protection Policy and Procedures

2026–2027

Setting Details

Name of Setting:

The Meadows, Cheeky Chimps Childcare

Address

The Meadows Nursery, Kingsdown Sports Centre, Hyde Road Swindon, Wiltshire SN2 7SH

Contact Number: 07443 420152/01793 822646

Safeguarding Leadership

Designated Safeguarding Lead (DSL): Gemma Farrar

Deputy Designated Safeguarding Lead(s) (DDSL): Sophie Houston and Kerry Hughes

Policy Governance

Person Responsible for Reviewing this Policy: Gemma Farrar

Date of Policy: __22__ / 09____ / __2026____ **Date of Next Review:** 22/ 09 / 2027

Status of this Policy

✅ This is a **statutory policy**.
✅ It forms a **core part of induction** for all staff, volunteers, students, and parents/carers.

Access to this Policy

This policy is available:
☐ On the setting website
☐ In the policy folder within the setting
☐ On request from management
☐ Shared during induction

Staff Acknowledgement

All staff and volunteers are required to confirm that they have:

- Read this policy
- Understood its contents
- Agreed to implement it in practice

Method of confirmation
☐ Signed declaration form
☐ Online training record
☐ Staff meeting sign-off sheet

Review and Compliance

This policy will be:

- Reviewed **at least annually**
- Updated in response to **legislative or safeguarding guidance changes**
- Ratified by **management/committee/owner**

Safeguarding is Everyone's Responsibility

All staff, volunteers, and visitors have a duty to safeguard and promote the welfare of children.

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Principles of this Policy

"The welfare of the child is paramount" – Children Act 1989
Children learn best when they are healthy, safe and secure, when their individual needs are met, and when they have positive relationships with the adults caring for them (Statutory Framework for the EYFS).

We aim to provide a high-quality setting which is welcoming, safe and stimulating and where children can enjoy learning and grow in confidence. We will take all necessary steps to safeguard and promote the welfare of children and ensure the suitability of adults who have contact with them. We will promote good health, manage behaviour and maintain records, policies and procedures.

We understand that safeguarding and promoting the welfare of children is of paramount importance and that it is everyone's responsibility. We will be alert to any issues or concerns in the child's life, at home or elsewhere and always maintain a child-centred approach.

We are aware that children with special educational needs or disability are particularly vulnerable to abuse. We will maintain an attitude of "it could happen here" where safeguarding is concerned and always act in the best interest of the child.

This policy defines safeguarding and promoting the welfare of children as:

- Providing help and support to meet the needs of children as soon as problems emerge.
- Protecting children from maltreatment, whether that is within or outside the home, including online.
- Preventing the impairment of children's mental and physical health or development.
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

(Keeping Children Safe in Education 2026)

We are committed to;

- Maintaining a child-centred approach to safeguarding which means we will always consider what is in the best interests of the child.
- Ensuring that safer recruitment practices for checking the suitability of staff and volunteers are in line with national guidelines and the South West Child Protection Procedures (SWCPP).
- Ensuring that all staff and volunteers follow the settings Code of Conduct/Behaviour Policy in line with the Guidance for Safer Working Practice for Adults who Work with Children
- Establishing and maintaining a safe and secure environment.
- Providing a curriculum and experiences that will enable children to develop the skills they need to stay safe from abuse, including online abuse.
- Ensuring staff and volunteers are able to identify children with potential emerging problems or concerns and that they implement strategies early on, to avoid escalation (Early Help).
- Ensuring that staff and volunteers are aware of the signs and symptoms of abuse and know the correct procedure for reporting and referring concerns. (Swindon Safeguarding Partnership).
- Providing support for children who have been abused.
- Ensuring that all staff are aware of the procedures to follow if they have a safeguarding concern about another member of staff or an adult who works with children (**refer to Whistleblowing Policy**).
- Working in partnership with other agencies, this includes sharing information effectively, attending child protection conferences, core groups and other relevant meetings.
- Ensuring that all staff are aware of the procedures to follow to keep children safe when eating and sleeping (see **Safer Sleeping** and **mealtimes and food play Policy**)
- Working in partnership with parents/carers to keep children safe and well.

Legislation and Guidance

Our safeguarding and child protection procedures have been developed using guidance from the Swindon Safeguarding Partnership (SSP), the South West Child Protection Procedures (SWCPP) and with regard to the following legislation:

- The Statutory Framework for the Early Years Foundation Stage – 2026
- The Children Act 1989, 2004 and the Childcare Act 2006
- Working Together to Safeguard Children 2026
- What to do if you're worried a child is being abused: advice for practitioners 2015
- Information Sharing to Safeguard Children and Young People 2026
- The Prevent Duty-departmental advice for schools and childcare providers 2023
- Keeping Children Safe in Education 2026
- Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners (Published 4 February 2019)

This Safeguarding Children and Child Protection Policy will apply to all staff, managers, committee members, students and volunteers in the setting.

Other policies that should be read alongside this policy include:

- Health and Safety
- Intimate Care/toileting
- Accident and Emergency
- Child Attendance
- Electronic Devices
- Medicines
- Promoting positive behaviour
- Absent, missing lost child
- Attendance times, drop off and collections.
- Online Safety
- Equality and Diversity
- Supporting Children with Special Educational needs
- Emergency Evacuation and fire safety
- Lockdown
- Concerns/Complaints
- Lone Working
- Mealtimes and Food play
- Sleeping Safer
- GDPR

The Role of the Designated Safeguarding Lead (DSL) and Deputy (DDSL)

We have a named Designated Safeguarding Lead (DSL) Gemma Farrar and at least two suitably trained Deputy DSL Sophie Houston and Kerry Hughes who take lead responsibility for safeguarding and child protection within the setting.

They are trained in line with the requirements of the EYFS safeguarding training (**Annex C**) and training is refreshed at least every 2 years. The Deputy DSL are trained to the same standard as the DSL and will carry out responsibilities in the absence of the DSL, to ensure continuity of safeguarding practice.

The DSL or deputies will always be available when children are present, for staff to discuss safeguarding concerns.

The DSL/DDSL has overall responsibility for the day-to-day safeguarding and child protection systems in the setting. These responsibilities include;

- Liaising with professionals in all agencies, including social services, police, health colleagues and other education settings.
- Keeping staff and themselves up to date with any changes to national and local policy or legislation.
- Being a source of support, advice and guidance to staff, both paid and voluntary, on an ongoing basis and on any specific safeguarding issue as required.
- Co-ordinating safeguarding and child protection action within the setting, including making referrals as necessary.

- Maintaining a confidential recording system for safeguarding and child protection concerns.
- Ensuring all staff, visitors and volunteers are aware of the setting's policies and procedures and their responsibilities in relation to safeguarding children.
- Ensuring all staff, both paid and voluntary, have received appropriate and up to date child protection training (see section below).
- Liaising with staff within the setting to ensure information is shared on a "need to know" basis with a view to understanding how to best support these children in the setting.
- Understanding the views of children and ensuring there is a culture of listening to children.

Creating a Safe Culture

We are committed to promoting a strong culture of safeguarding. This is achieved through:

- Ensuring safeguarding is a standing agenda item at all staff meetings, enabling regular discussion, reflection, and shared awareness
- Conducting regular safeguarding audits to monitor practice, identify areas for improvement, and maintain high standards
- Providing staff with ongoing safeguarding training and updates, including briefings on current guidance, legislation, and emerging risks
- Actively listening to and valuing children's voices, ensuring their views and experiences, inform practice and decision-making
- Embedding learning from safeguarding incidents, serious case reviews, and reflective practice into everyday procedures to continuously improve outcomes for children.

Staff Training

We are committed to ensuring that all staff receive appropriate safeguarding training to enable them to recognise, respond to, and report concerns effectively. All practitioners complete safeguarding training as part of their induction, including an understanding of the setting's policies, procedures, and the role of the Designated Safeguarding Lead (DSL). Training is regularly updated in line with statutory guidance and local safeguarding partnership requirements to ensure knowledge remains current.

Staff are also supported through ongoing supervision, discussions, and access to additional training opportunities to deepen their understanding of safeguarding issues, including recognising the signs of abuse, responding to disclosures, and maintaining professional curiosity. All staff have a sufficient understanding and use of English to ensure the well-being of children in their care.

- All staff complete **Safeguarding Basic Awareness** training every 2 years. In addition, staff may complete an annual refresher/update training if considered necessary. During Staff meetings which occur every term further safeguarding training is carried out by re-visiting policies or through staff quizzes to test knowledge.
- All staff are trained in line with the criteria set out in Annex C of the EYFS and they are supported to confidently implement the safeguarding policy and procedures on an ongoing basis. During Supervisions staff are asked a series of safeguarding questions to test knowledge, which occurs termly.

This ensures that all staff remain vigilant and confident in fulfilling their responsibility to safeguard children.

Paediatric First Aid training will be delivered by a competent trainer as referenced in the **EYFS Annex A.** We ensure that at least one person with a current and full Paediatric First Aid (PFA) certificate is always on the premises and available when children are present, and accompanies children on outings, in line with EYFS requirements.

Newly qualified staff who hold a relevant Level 2 or Level 3 qualification obtain a PFA certificate within three months of starting work. All staff are made aware of first aid procedures, including how to respond in an emergency, and we maintain an appropriate number of trained practitioners to always ensure children's safety.

Food Hygiene training. We ensure that all staff involved in the preparation, handling, or serving of food, receive appropriate food hygiene training to maintain high standards of health and safety. Staff are trained in safe food handling practices, including storage, preparation, allergy awareness, and cleaning procedures, in line with current food safety guidance. This helps to minimise the risk of contamination and

protect children from food-related illness or harm. Training is refreshed regularly, and staff are supported to maintain a good understanding of individual children's dietary needs, including allergies and intolerances, ensuring that these are always managed safely and effectively. Further detail can be found in mealtimes and food play policy.

Staff Induction

Staff, students and volunteers must complete safeguarding induction prior to working with children to support them in understanding their roles, responsibilities, and expectations.

- The induction process will include a period of close supervision by an appropriately qualified and experienced member of staff.
- Induction will include familiarisation with the setting's safeguarding and child protection policy, the staff code of conduct, whistleblowing procedures, and the role of the Designated Safeguarding Lead (DSL).
- Staff will be made aware of the signs and indicators of abuse and neglect, and the procedures to follow if they have a concern about a child's welfare.
- Ongoing safeguarding training and updates will be provided regularly to ensure all staff maintain up-to-date knowledge and remain vigilant in keeping children safe.
- Staff will be required to read and familiarise themselves with What to do if you're worried a child is being abused and Guidance for safer working practice for adults who work with children and young people.
- The Designated Safeguarding Lead (DSL) will maintain a clear record of the induction process for all new staff members.

Staff Supervision

Effective supervision of staff is essential to ensure high standards of safeguarding and child protection are maintained. Supervision sessions will promote a culture of openness and accountability, ensuring that safeguarding remains a priority in daily practice. Any concerns arising from supervision will be recorded and acted upon promptly, in line with the setting's safeguarding procedures.

- Arrangements are in place for the supervision of staff, which are carried out termly. Uninterrupted time will be set aside to ensure supervision sessions are effective for all involved.
- Supervision will be a two-way process, which supports and develops the knowledge, skills and values of an individual, group or team and will support staff to improve the quality of the work they do, thus improving outcomes for children as well as achieving agreed objectives.
- Supervision will also provide an opportunity to discuss sensitive issues, including the safeguarding of children and concerns about an individual or colleague's practice.

Safer Working Practice

Safer working practices are essential to protect both children and staff within the setting. Staff, students and volunteers are expected to always maintain professional boundaries and adhere to the setting's code of conduct.

- Staff work within clear behavioural guidelines as outlined in the Guidance for safer working practice for adults who work with children and young people. and the setting's adults behaviour policy/code of conduct.
- Physical intervention is only ever used if the child is endangering themselves or others. Such events are recorded and signed by a witness. We follow the settings Promoting positive behaviour
- and physical interventions will be in line with the procedures laid out in the policy.
- Staff are aware of the professional risks associated with the use of social media and electronic communication (email, mobile phones, texting, social network sites etc.) and we follow the guidance in the setting's **Online Safety Policy** and **Electronic devices Policy.**
- Staff will not work under the influence of alcohol or other substances.
- Staff taking medication will only work with children if medical advice confirms that it is unlikely to affect their ability to look after children
- Any concerns about unsafe or inappropriate behaviour must be reported immediately to the Designated Safeguarding Lead (DSL) in line with the **whistleblowing procedures**, ensuring that the welfare of children remains paramount.

Whistleblowing Procedures

The setting is committed to maintaining a culture of openness, honesty and accountability to safeguard children effectively. All staff, students and volunteers have a duty to raise concerns about poor or unsafe practice, including concerns about colleagues' behaviour towards children, without fear of reprisal. Training will reinforce the importance of speaking out to protect children's welfare.

Senior managers will ensure that all concerns are taken seriously, handled sensitively and investigated in line with statutory guidance, and that whistleblowers are protected from victimisation or discrimination.

The following process should be applied;

- **Recognise a Concern:** Any member of staff, volunteer or student who notices poor practice, unsafe behaviour, or actions that may put a child at risk must take this seriously.
- **Record the Concern:** Write down what has been seen, heard or suspected as soon as possible, including dates, times and factual details. Avoid opinions or assumptions.
- **Report Internally:** In most cases, report the concern immediately to the Designated Safeguarding Lead (DSL) or DDSL.
  If the concern involves the DSL, report directly to DDSL.
  Escalate Externally: If concerns are not taken seriously, the concern involves senior staff, or the member of staff doesn't feel comfortable reporting internally, report directly to external agencies such as:
  - Local Authority Designated Officer (LADO) Lado referral form Tel: **01793 463854**
  - **Children's Services: Contact Swindon 01793 464646**
  - contactchildrenandfamilies@swindon.gov.uk
  - **Ofsted** (for registered settings) **Complaints procedure**
  - **NSPCC** whistleblowing helpline: **0800 028 0285 or email help@nspcc.org.uk**
- **Confidentiality and Protection:** The identity of the whistleblower will be kept confidential where possible. The setting will support and protect individuals from victimisation or unfair treatment.
- **Investigation and Outcome:** The concern will be investigated in line with safeguarding procedures. Appropriate action will be taken to ensure children are protected and standards are upheld.
- **Follow-Up:** The whistleblower can expect that their concern has been taken seriously, though specific details of the outcome may remain confidential.

Parental/carer Involvement

We recognise that parents and carers play a vital role in safeguarding and promoting the welfare of children. We are committed to working in partnership with families and maintaining an open, honest and respectful relationship to support children's safety and wellbeing.

- **Information Sharing:** We will ensure that parents are informed about our safeguarding responsibilities, procedures and policies, including how to raise concerns or complaints.
  Key safeguarding contacts will be clearly communicated to families via the famly app and by email when starting at The Meadows Nursery. Relevant information will be shared with parents about their child's development, wellbeing and any concerns, in line with data protection requirements.
- **Partnership Working:** We encourage parents to share information about their child, including medical needs, developmental concerns, or any factors that may affect their safety or welfare.
  We will listen to and take seriously any concerns raised by parents about their own child or another child. We will work collaboratively with parents to support children's needs wherever possible.
- **Responding to Safeguarding Concerns:** Where there are concerns about a child's safety or welfare, we will usually discuss these with parents and seek their consent before making referrals to external agencies. However, we will not seek parental consent if doing so could place the child at increased risk of harm, delay appropriate action, or compromise an investigation. In such cases, advice will be sought from the appropriate safeguarding authority. We will comply with local safeguarding partnership procedures and statutory guidance (see section- Making a referral)
- **Supporting Families:** We aim to provide a supportive environment where families feel able to ask for help. Where appropriate, we will signpost or refer families to additional support services. We will treat all parents with respect and without discrimination.
- **Confidentiality:** Information shared by parents will be treated confidentially and only shared with relevant professionals on a need-to-know basis, in line with safeguarding and data protection requirements.

- **Complaints:** Parents have the right to make a complaint about any aspect of safeguarding practice. See our **Complaints Policy** for further details.

Key Person Role in Safeguarding

Each child is assigned a key person within the first 4 weeks of starting the nursery, were possible the child will select their keyworker. We understand at The Meadows the keyperson plays a central role in safeguarding their welfare.
The key person develops a secure, trusting relationship with the child and their family, enabling them to understand the child's individual needs, routines, and any factors that may impact on their safety and wellbeing. They are well placed to notice changes in a child's behaviour, presentation, or development that may indicate a safeguarding concern. The key person will record and report any concerns promptly in line with the setting's safeguarding procedures and share relevant information with the Designated Safeguarding Leads (DSL and DDSL). They also support parents by maintaining open communication, promoting early help, and ensuring that any emerging concerns are addressed sensitively and appropriately, always keeping the child's best interests at the centre of their practice.

Recognising Abuse

All staff have a responsibility to be alert to the signs and indicators of possible abuse and neglect and to respond appropriately in line with this policy. Staff will demonstrate professional curiosity, respectfully questioning and exploring concerns rather than accepting explanations at face value. We recognise that risks may occur outside the home (contextual safeguarding), within a family, in the community or within an institutional setting, by those known to them, by a stranger or via the internet and can affect children of any age, background or ability.

Staff are aware that abuse may take different forms, including:

- **Physical abuse**: Causing physical harm to a child, such as hitting, shaking, burning or otherwise injuring them. Possible indicators may include unexplained injuries, marks or bruises, or injuries inconsistent with the given explanation.
- **Emotional abuse**: Persistent emotional maltreatment that adversely affects a child's emotional development, such as conveying that a child is worthless or unloved. Indicators may include withdrawn behaviour, low self-esteem, or developmental delay.
- **Sexual abuse**: Involving a child in sexual activity, including inappropriate touching, exposure to sexual content, or exploitation. Indicators may include sexualised behaviour inappropriate for age, changes in behaviour, or avoidance of certain people.
- **Neglect:** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of health or development. Indicators may include poor hygiene, inadequate clothing, hunger, tiredness, or unmet medical needs.
  (See appendix 1 for Working Together definitions and possible indicators of abuse).

Staff understand that these signs do not necessarily mean that a child is being abused; however, they should be taken seriously and explored further. Concerns may arise from a single incident or a pattern of behaviour over time.

We recognise that children in the early years may not always be able to verbalise concerns so we pay close attention to non-verbal cues, changes in behaviour, play or presentation and in any inconsistencies in information provided.

All concerns, no matter how small they may seem, will be recorded and reported promptly to the Designated Safeguarding Lead (DSL) in accordance with the setting's procedures. Staff will not investigate concerns themselves but will act on their professional curiosity and share information to ensure that children are safeguarded effectively.

We are also aware that;

- Abuse, neglect, exploitation and safeguarding concerns are rarely standalone events that can be covered by one definition or label. In most cases, multiple issues will overlap with one another.
- In the case of honour-based abuse, including child marriage and female genital mutilation, children may be taken out of the country to be abused.

- Abuse and neglect can happen over time or be a one-off event and can have major long-term impacts on all aspects of a child's health, development and well-being.
- The warning signs and symptoms of abuse and neglect can vary from child to child. Children develop and mature at different rates, so what appears to be worrying behaviour for one child might be normal for another child.
- Parental behaviours may indicate child abuse or neglect, so staff will be alert to parent-child interactions or concerning parental behaviours, such as, parents who are under the influence of drugs or alcohol or sudden changes in mental health.
- It is important to respond to problems as early as possible and provide the right support and services for the child and their family at the right time.

Other Safeguarding Concerns to be Aware of: (See Appendix 2)

- Child on Child Abuse (sexual violence and sexual harassment).
- Radicalisation and extremism.
- Female genital mutilation (FGM).
- Child sexual exploitation (CSE).
- Child criminal exploitation (CE).
- Domestic abuse (DA).
- Children missing education (CME).
- Children with family members in prison.
- Homelessness.
- Private Fostering.
- Bruising or non-explained injury in non-mobile children.
- Mental Health.

Child Absence and Safeguarding

Regular attendance is an important indicator of a child's wellbeing. We recognise that unexplained or prolonged absences may be a potential safeguarding concern and will always be followed up promptly. Parents are expected to inform the setting of any absence on the first day, providing a reason and expected return date. If a child is absent without explanation, staff will make reasonable attempts to contact parents or carers to establish the child's safety and wellbeing. Where concerns arise, or contact cannot be established, these will be recorded and shared with the Designated Safeguarding Leads (DSL, DDSL), who will take appropriate action in line with local safeguarding procedures, which may include contacting other agencies. Patterns of repeated absence will also be monitored and responded to as part of our commitment to safeguarding children. See Child Attendance policy for further detail.

Children with Special Educational Needs and Disabilities (SEND)

We recognise that children with Special Educational Needs and/or Disabilities (SEND) may be more vulnerable to abuse and neglect due to factors such as communication barriers, increased dependence on adults, or differences in behaviour and development.
Staff are fully aware of these additional vulnerabilities and ensure that children with SEND are supported in ways that enable them to feel safe, listened to, and valued. Staff remain alert to any changes in behaviour, presentation, or wellbeing that may indicate a safeguarding concern, taking care not to assume that these are solely linked to a child's needs.

Individual support plans, close partnership working with parents, and collaboration with other professionals help ensure that safeguarding remains central to all aspects of care.
Any concerns will be recorded and reported promptly to the Designated Safeguarding Lead (DSL) in line with safeguarding procedures, ensuring that children with SEND receive the same level of protection as all children.

Responding to a Disclosure

We recognise that children may disclose abuse or neglect in a variety of ways, and all staff are trained to respond calmly, sensitively and appropriately. We are aware that children may not be ready or know how to disclose abuse and that they may also be afraid to tell. It is important that we build relationships with children and display professional curiosity.

If a child discloses abuse, we will respond appropriately by:

- Listening to the child and avoiding interruption except to clarify.
- Recognising that young children may communicate abuse through behaviour, play, or emotional responses. Staff are skilled in interpreting these cues and take all communication seriously.
- Allowing the child to make the disclosure at their own pace and in their own way. An interpreter may be necessary.
- Not interrogating the child but asking open-ended questions to clarify the situation. Children will only be interviewed by trained Social Workers or Police Officers.
- Not making any promises to the child about not passing on information. Information may need to be shared to get help in place.
- Recording information as soon as possible, in the child's own words, including date, time and any observations.
- Informing the DSL'S as soon as possible (within the same working day).
- Providing appropriate support for the child following a disclosure.

Visitors to the setting will be informed that if they receive a disclosure of abuse, suspect that abuse may have occurred or are concerned for the safety or welfare of a child they **must** report immediately to the DSL or if unavailable to the deputies.

Recording Safeguarding Concerns

All safeguarding concerns will be recorded promptly, accurately and in line with our setting's procedures. Accurate record-keeping is essential to ensure patterns of concern can be identified and that appropriate decisions are made to safeguard children effectively.

- All hand-written records will be retained, even if they are subsequently typed up in a more formal report.
- Staff will make a clear, factual written record as soon as possible after any concern arises, including the date, time, context and details of what was seen, heard or disclosed, using the child's own words where appropriate.
- Records will be signed, dated and passed immediately to the Designated Safeguarding Leads (DSL, DDSL), who is responsible for reviewing, storing and taking further action.
- Records of concerns will be kept, even where there is no need to make a referral immediately. Parents/guardians will be notified of all recorded concerns.
- Injuries will be marked on a body map; **photographs will never be taken** (Appendix 5).
- Where concerns do not meet the threshold for a referral to Contact Swindon, consideration will be given to the appropriateness of having an Early Help Conversation.
- All records relating to child protection concerns will be kept in a secure place and will remain confidential. They will not form part of the child's developmental records and they will be kept separate from other records.
- A chronology will be kept at the front of each individual child protection file. It will be reviewed and updated whenever a new concern is raised or additional relevant information becomes available, noting any action taken.
- Where a child transfers to school or moves to a new setting, child protection documentation will be transferred to the receiving school/setting within 14 days, preferably by hand. If it is not possible to do a face-to-face handover, records will be sent by recorded delivery in a sealed envelope, separate from any developmental records**.** Postal delivery will always be followed up with a telephone conversation.

Records will be retained in line with the setting's **Data protection and retention of records policy**.
SBC Templates and guidance for keeping child protection records are available on Swindon Hub for Early years.

Procedures for Referral

Where there are concerns that a child may be at risk of harm, the Designated Safeguarding Lead (DSL and DDSL) will follow Swindon's safeguarding procedures and make a referral to **Contact Swindon** without delay.

- This will be completed via a Request for Help and Support Form and where there are immediate concerns, supported by a telephone call **(01793 464646)** or by emailing; contactchildrenandfamilies@swindon.gov.uk
- Outside of normal working hours the **Emergency Duty Team** will be contacted on **01793 436699.**
- If there is a concern that a child is immediately at risk (health or welfare) we will dial **999 for the Police.**
- Further information can be found on the SSP website.

The DSL and DDSL will share all relevant information to support the referral and ensure that accurate records are maintained. We will work in partnership with Swindon Borough Council and other agencies, contributing to assessments and following any advice or actions given.

Parents and carers will normally be informed of the referral; however, this will not happen if doing so could place the child at further risk or interfere with a safeguarding investigation.

All actions taken, will be clearly recorded and the child's safety and best interests will always remain the priority.

We will refer to the Swindon Safeguarding Partnership's (SSP's) Thresholds Document The Right Help at the Right Time when assessing a child's level of need. (see appendix 3)

The Thresholds document identifies four levels of need:

1. **Universal** – Children with no additional needs.
2. **Early Support**– Emerging concerns/vulnerability.
3. **Family Help**– Children with complex and multiple needs that need unpicking. Co-ordinated support from professionals is needed to stop things from escalating.
4. **Family Help Specialist,** Support is for children, young people, and families with a high level of unmet or complex needs.

We will always take appropriate action when we have concerns about a child's welfare, we will never assume that a colleague or another professional will act and share information that might be critical in keeping children safe.

We understand that we have a responsibility to refer a child to Children's Social Care (Contact Swindon) if we believe or suspect a child is suffering or likely to suffer significant harm (Section 47, Child Protection) This also includes children where there are significant welfare concerns and their development would be likely to be impaired without provision of services (Section 17, Child in Need).

Consent

We recognise the importance of working in partnership with parents and carers and will seek their consent to share information or make referrals where appropriate. However, the safety and welfare of the child is paramount. Consent will not be sought, or may be overridden, if doing so would place the child at increased risk of harm, delay appropriate action, or compromise a safeguarding investigation. In such cases, information will be shared with relevant agencies in line with safeguarding guidance and local procedures. All decisions regarding consent will be clearly recorded, including the rationale for whether consent was sought or not, ensuring transparency and accountability in our safeguarding practice.

Early Help

We are committed to early identification of need and will follow Swindon Borough Council's Early Help approach to support children and families as soon as concerns emerge. Where appropriate, the Designated Safeguarding Lead (DSL) will seek consent from parents and carers to complete an Early Help Assessment and work in partnership with families and other professionals to provide coordinated support. This may include accessing services through Swindon's Early Help offer, to prevent issues from escalating.

We recognise that Early Help is a voluntary process and aims to improve outcomes for children through timely, collaborative intervention. Where a family declines support and concerns remain or increase, we will continue to monitor and may take further safeguarding action in line with local procedures. We will refer to

the Swindon Safeguarding Partnership (SSP) The Right Help at the Right Time when assessing levels of need.

- **Universal Services (Level 1)** Most children's needs will be met through universal services, such as, the GP and Health Visiting Service. Some limited intervention from a universal service may be required to avoid needs arising or to meet a single identified need.
  Early Support (level 2)- relates to children, young people and their families with additional needs that can be met through a single agency or a multiagency response. This includes children who may have a special educational need and/or disability (SEND support). The single agency will coordinate the assessment and plan with the aim of achieving positive outcomes and preventing the need for a higher level of support. The support required may only be short term, but if ignored, these issues could escalate further.
  Family Help (level 3) applies to children and families who require support from more than one agency due to multiple and complex needs. This includes where a child may have special educational need and/or disability and is identified as SEND support by their school and when child is receiving support as a child in need (S17 Childrens Act). These families need services to work together in a co-ordinated way to assess, plan and work directly with the family to bring about change. The support required may only be short term, but if not addresses, these issues could escalate to require statutory intervention. A lead practitioner will be identified to co-ordinate support. It is expected when Level 3 support is requested; professionals will be able to outline the support that is already in place through an early help plan or other appropriate plans to meet a child's special educational need and disability
- **Family Help Specialist/Statutory Support (level 4)** support is for children, young people, and families with a high level of unmet or complex needs including; Child protection, a child who is suffering or likely to suffer significant harm, children looked after and privately fostered, young people who have committed an offence, children with acute mental health needs, a child who may need an Education Health and Care Needs Assessment, children who are unaccompanied asylum seekers, children subject to an Emergency Protection Order, Interim Care Order or a full Care Order. A child who is remanded by a court into local authority accommodation or youth detention accommodation will also be deemed as a Child Looked After.
- Completed Early Help Assessments and reviews will be sent securely to **contactchildrenandfamilies@swindon.gov.uk**, where it is stored securely. Families sign an information sharing form to agree to share this information with professionals who may be able to support them.

Professional Challenge and Resolution

Differences of professional opinion can arise in a safeguarding case. In order to reach a satisfactory resolution professionals will follow the SSP Swindon Multi-Agency Process for the Resolution of Professional Disagreements Relating to Safeguarding & Protection of Children, this ensures that professionals have a quick and straightforward means of resolving professional differences.
It is expected that most disagreements can be resolved by professionals discussing the concerns and agreeing a way forward to meet the child's needs but if professional agreement cannot be reached, then the concern should be escalated following the 5 stages :

Stage 1: Internal discussion (within 2 working days).
Stage 2: Inter-agency discussion (within 5 working days).
Stage 3: Line managers (within 5 working days).
Stage 4: Managers, Heads, Directors of Services (within 5 working days**).**
Stage 5: Swindon Safeguarding Partnership (within 5 working days)

Safer Recruitment/Suitable People

We endeavour to create a culture of safer recruitment and as part of this, we adopt recruitment procedures that help to deter, reject and identify people who might abuse children.

Our recruitment and selection processes are robust and in line with safer recruitment guidance. We adhere to statutory responsibilities to check staff who work with children, this includes enhanced DBS checks on all staff and on any other person who is likely to have regular contact with children (including those living or

working on the premises) we also complete verification of identity, qualifications, and right to work in the UK for all new staff. At least one member of the recruitment process has undertaken safer recruitment training.

When employing new staff, we follow Safer Recruitment procedures as set out in the South West Child Protection Procedures:

- Interview panels will have at least one person who has completed Safer Recruitment Training.
- There will be a safeguarding statement in all job advertisements and job descriptions.
- Any gaps in employment history or unaccounted for periods will be fully investigated.
- Online searches will be conducted for all short-listed candidates and anything that causes concern, will be followed up at interview. Candidates will be asked the reason for leaving their previous employment
- References will be requested prior to employment; open references will not be accepted, nor will references from family members and applicants will not be asked to obtain their own reference.
- A reference will be requested from the candidate's current employer, training provider or education setting and will have been completed by a senior person with appropriate authority.
- At least one reference will be from the candidates most recent childcare placement (if there is one)
- Where references are vague or there are discrepancies, further clarity will be sought by contacting the referee.
- We will record information about staff qualifications, identity checks, disqualification and vetting processes (including the Disclosure and Barring Service reference number, the date a disclosure was obtained and details of who obtained it) on a central register.
- Copies of identification documents will be kept securely in personnel files.
- No staff member can start at the nursery until all checks have been completed I,e references and dbs checks.
- We will not allow people, whose suitability has not been checked, to have unsupervised contact with children.

The ongoing suitability of anyone working within the setting is assessed through induction, supervision, and regular safeguarding training. This supports a culture of vigilance and helps ensure that children are cared for in a safe and secure environment.

Disqualification under the Childcare Act

We recognise our responsibility in relation to disqualification under the Childcare Act 2006. All staff, students and volunteers are informed during their induction that they are expected to provide up to date information in relation to any convictions, cautions, court orders, reprimands and warnings that may affect their suitability to work with children, whether received before or during their employment at the setting.

There is also an expectation that the setting will be informed, if staff relationships and associations, both within and outside the workplace (including online), may have implications for the safety of children in the setting. Where necessary, a waiver will be sought from Ofsted.

Volunteers

We recognise the importance of ensuring that all volunteers are suitable to work with children and understand the requirements in relation to regulated activity. In line with current guidance, we assess the nature of each volunteer's role to determine whether it meets the definition of regulated activity, particularly where it involves unsupervised contact with children or regular and intensive engagement.

Regulated activity is defined as work that involves teaching, training, instructing, caring for, or supervising children on a regular and unsupervised basis, or providing personal care. It also includes work carried out in certain specified places (such as early years settings) where there is opportunity for contact with children, which is frequent, intensively carried out, or overnight.

Volunteers who are engaged in regulated activity are subject to an enhanced Disclosure and Barring Service (DBS) check, including a barred list check, prior to commencing their role. Volunteers who are not in regulated activity may still be required to undergo an enhanced DBS check; however, in these cases, a barred list check will not be undertaken.

All volunteers are appropriately inducted, made aware of safeguarding policies and procedures, and are always supervised where they are not in regulated activity. The setting ensures that risk assessments are in place and that the level of supervision is appropriate to safeguard children and support volunteers in their role.

Managing Allegations

We recognise that safeguarding is everyone's responsibility and that, in rare circumstances, staff, volunteers, or agency workers may behave in a way that could cause harm to a child. We take all allegations seriously and respond promptly, appropriately, and in line with statutory guidance.

An allegation may indicate that a member of staff, a volunteer or a member of bank/agency staff has;

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against a child.
- Behaved towards a child that indicates he/she would pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

All allegations will be reported without delay to the Local Authority Designated Officer (LADO) for consultation and advice:
LADO Team – 01793 463854
Lado@swindon.gov.uk

We will follow the guidance of the LADO and take the following steps:

- An Allegations Management referral form will be completed within one day of an allegation being made and before any internal investigation is undertaken.
- Ofsted will be notified of any allegation that meets the required threshold as soon as reasonably practicable, and within 14 days.
- Allegations against a member of staff will be reported to the DSL OR DDSL who will liaise with the LADO.
- Where the allegation is against the DSL, the DDSL will contact the LADO directly.
- Where the allegation involves an adult from another organisation (e.g. agency staff), we will work in partnership with the relevant employer to ensure appropriate action is taken.
- The allegation will not be discussed with the individual concerned or shared with other staff, unless advised to do so by the LADO.
- In exceptional circumstances, where a child is at immediate risk of harm, the police will be contacted prior to consulting the LADO.
- A referral will be made to the Disclosure and Barring Service (DBS) where a person is dismissed, removed from working with children, or leaves their role during an investigation.

Low-Level Concerns

We recognise the importance of identifying and responding to low-level concerns to maintain a safe culture. A low-level concern is any behaviour that is inconsistent with the staff code of conduct, including inappropriate conduct outside of work but does not meet the threshold for referral to the LADO.

These concerns will always be reported to the DSL. All low-level concerns will be recorded, monitored and reviewed regularly, to identify patterns of behaviour that may require escalation.

The Safeguarding Curriculum

We provide a curriculum that supports children to feel safe, valued, and confident to express themselves.

We create an environment where children are encouraged to talk and are listened to, ensuring their voices are heard and respected.

Through age-appropriate experiences across all areas of learning, children are supported to develop the knowledge, skills, and understanding they need to recognise risks and stay safe. This includes:

- Promoting children's confidence and self-esteem so they understand that their views, feelings, and opinions are valued;
- Supporting children to begin to understand healthy relationships, including kindness, respect, and appropriate boundaries;
- Helping children to recognise and respond to discriminatory behaviour, and promoting respect and inclusion for others;
- Developing children's emotional literacy, enabling them to recognise, name, and express their feelings in a safe and appropriate way;
- Supporting children to understand personal boundaries, including what is safe and acceptable behaviour, and encouraging them to seek help when needed.

This approach is embedded throughout daily practice and reflects our commitment to safeguarding and promoting children's welfare in line with the EYFS

Online Safety

We recognise the importance of safeguarding children in an increasingly digital world and are committed to supporting them to use technology safely. Children are introduced to online safety through age-appropriate experiences that help them develop an awareness of safe behaviours when engaging with digital devices, including knowing when to seek help from a trusted adult.

We work in partnership with parents and carers to promote a consistent approach to online safety. Guidance and information are shared regularly through newsletters, displays, and other communication methods, to raise awareness of potential risks and how to keep children safe online at home.

Where children have access to the internet or digital technology, we take appropriate steps to protect them from harmful or inappropriate content. This includes the use of effective filtering and monitoring systems, which are regularly reviewed, to ensure they remain suitable and effective. Staff are vigilant and actively supervise children's use of technology to ensure it is safe, purposeful, and appropriate.

Our practice is informed by current government guidance, including; Safeguarding children and protecting professionals in early years settings: online safety guidance for practitioners. This ensures that both children and adults are supported to use technology safely, responsibly, and in a way that promotes children's wellbeing.

Use of Mobile Phones, Cameras and Other Electronic Devices with Imaging and Sharing Capabilities in the Setting

We recognise the importance of ensuring that all electronic devices, including mobile phones, cameras, and devices with imaging and sharing capabilities, are used safely and appropriately within the setting. We have a separate Electronic devices Policy which outlines expectations for staff, students, volunteers, and visitors.

- Only setting-owned devices (such as mobile phones, cameras, or tablets) are used to take photographs or record videos of children. These devices are used solely for professional purposes and always remain open to management oversight.
- Staff personal mobile phones and electronic devices are stored in the designated lockable phone box and must not be used or carried on their person when working directly with children. Personal devices may only be used in designated areas (e.g. staff room/kitchen) during breaks and when children are not present.
- Visitors, parents, and contractors are informed that the use of mobile phones and recording devices is not permitted in designated areas of the setting. Photographs, videos, or audio recordings must not be taken without prior permission from the manager.
- Photographs or recordings are not taken in sensitive areas, such as toilets or nappy changing areas under any circumstances.
- Written parental consent is obtained before any photographs or videos of children are used on any social media platforms.
- Images or recordings of children are not transferred or taken off-site unless this is necessary, authorised by the manager, and carried out in line with the setting's data protection and confidentiality procedures.

These measures ensure that children are safeguarded and that their privacy and dignity are always respected.

Confidentiality

We recognise that effective information sharing is essential to safeguard and promote the welfare of children. We understand our professional responsibility to share relevant information with parents/carers and appropriate agencies, such as, health professionals, the police, children's social care and Ofsted, in line with Information Sharing to Safeguard Children and Young People.

We promote a regular two-way flow of information with parents/carers and where applicable, with other settings attended by the child, to support continuity of care and safeguarding.

The following procedures ensure that information is handled appropriately, lawfully and in a way that always prioritises the safety and wellbeing of children.

- Confidential information relating to children and staff is stored securely and is only accessible to those who have a legitimate need or professional right to access it.
- We comply with the Data Protection Act 2018 and UK General Data Protection Regulations (UK GDPR). We understand that data protection legislation does not prevent the sharing of information where this is necessary to protect children, including sharing without consent where there is a lawful basis to do so.
- We are registered with the Information Commissioner's Office (ICO).
- All staff read the setting's **Confidentiality Policy** as part of their induction.
- Records relating to individual children are retained and disposed of in accordance with the setting's **GDPR Policy**.
- We recognise that all matters relating to child protection are confidential. The Designated Safeguarding Leads (DSL and DDSL) will share information with staff on a strict "need to know" basis.
- Staff understand that they must not promise confidentiality to children and will always explain that information may need to be shared to help keep them safe.

Safety of Premises

We are committed to providing a safe, secure, and well-maintained environment for all children, staff, and visitors.

- All staff share responsibility for maintaining awareness of the safety and security of the premises, including indoor and outdoor areas. Any hazards, defects or concerns are reported immediately and addressed promptly. Daily risk assessments are carried out, including checks at the beginning and end of each session. (Open and closing checks)
- We ensure that all environments are safe, fit for purpose and suitable for the ages and stages of development of the children in our care.
- We take all reasonable steps to minimise risks and ensure children and staff are not exposed to unnecessary hazards. Where risks are identified, appropriate risk assessments are completed and regularly reviewed to manage and reduce risk effectively.
- We remain vigilant to wider safeguarding risks, including those posed by potential security threats. Appropriate procedures are in place to help keep children and staff safe.
- We have clear evacuation and lockdown procedures in place. These are practiced regularly, and records of all drills are maintained.
- All visitors and volunteers are subject to appropriate checks and must sign in on arrival. Unknown or unidentifiable individuals will be challenged to confirm their identity and purpose before being granted access.
- We do not tolerate behaviour that threatens the safety or wellbeing of children, staff, or visitors. Any such behaviour will be treated as a serious concern and may result in refusal of entry to the premises.
- When children take part in outings, thorough risk assessments are carried out in advance and appropriate measures are put in place to ensure children's safety.
- Smoking, vaping and the use of e-cigarettes are not permitted on the premises at any time when children are present or likely to be present.
- All hazardous substances, equipment and materials are stored securely and always kept out of reach of children.

Complaints

We promote an open, inclusive and reflective culture across the setting and welcome feedback from children, parents/carers, staff, and visitors. Comments, suggestions, and concerns are valued as part of our commitment to continuous improvement and maintaining high standards of care and safeguarding.

- We have a clear and accessible **Complaints Procedure**, which is available to parents/carers, staff, and others. This can be accessed via the setting (e.g. reception area, office, or website).
- All concerns and complaints are taken seriously, recorded, and responded to promptly, following the appropriate procedures.
- Concerns are managed fairly, transparently, and in line with the setting's policies, ensuring that outcomes are shared where appropriate.
- Any complaint or concern that meets the threshold of a safeguarding allegation against a member of staff or volunteer will be managed in accordance with the Managing Allegations against Staff procedures.
- We will notify Ofsted of any complaints that meet the required reporting threshold within the specified timescales.

These procedures ensure that concerns are addressed effectively and that the welfare and safety of children always remain our highest priority

Monitoring and Review

This policy will be reviewed on an annual basis; however, amendments may be added throughout the year. Staff are always informed when there is an amendment.

Appendix 1 – Working Together Definitions of Abuse and Possible Indicators

Physical Abuse

A form of abuse that 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.

Signs that MAY INDICATE Physical Abuse

- Bruises and abrasions around the face
- Damage or injury around the mouth
- Bi-lateral injuries such as two bruised eyes
- Bruising to soft area of the face such as the cheeks
- Fingertip bruising to the front or back of torso
- Bite marks
- Burns or scalds (unusual patterns and spread of injuries)
- Deep contact burns such as cigarette burns
- Injuries suggesting beatings (strap marks, welts)
- Covering arms and legs even when hot
- Aggressive behaviour or severe temper outbursts
- Injuries need to be accounted for; inadequate, inconsistent or excessively plausible explanations or a delay in seeking treatment should signal concern.
- Failure to Thrive
- Child's weight/height falling below expected centile
- Skin dry and pale and hair thin and straw like
- Lack of energy, listless and lack of concentration
- Refuses food but drinks a lot of juice, vomiting and diarrhoea
- Failure to meet developmental milestones

- Behavioural problems

Emotional Abuse

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 a child 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 a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber 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.

Signs that MAY INDICATE Emotional Abuse

- Over reaction to mistakes
- Lack of self-confidence/esteem
- Sudden speech disorders
- Self-harming
- Eating disorders
- Extremes of passivity and/or aggression
- Compulsive stealing
- Drug, alcohol, solvent abuse
- Fear of parents being contacted
- Unwillingness or inability to play
- Excessive need for approval, attention and affection

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. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Adult males do not solely perpetrate sexual abuse. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.

Signs that MAY INDICATE Sexual Abuse

- Sudden changes in behaviour and school performance
- Displays of affection which are sexual and age inappropriate
- Self-harm, self-mutilation or attempts at suicide
- Alluding to secrets which they cannot reveal
- Tendency to cling or need constant reassurance
- Regression to younger behaviour for example thumb sucking, playing with discarded toys, acting like a baby
- Distrust of familiar adults e.g. anxiety of being left with relatives, a child minder or lodger
- Unexplained gifts or money

- Depression and withdrawal
- Fear of undressing for PE
- Sexually transmitted disease
- Fire setting

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 because 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 caregivers).
- Ensure access to appropriate medical care or treatment.
- Respond to a child's basic emotional needs.

Signs that MAY INDICATE Neglect

- Constant hunger
- Poor personal hygiene
- Constant tiredness
- Inadequate clothing
- Frequent lateness or non-attendance at School
- Untreated medical problems
- Poor relationship with peers
- Compulsive stealing and scavenging
- Rocking, hair twisting and thumb sucking
- Running away
- Loss of weight or being constantly underweight
- Low self esteem

Appendix 2: Specific Safeguarding Issues

Children Absent from Education (Pre-School/Nursery Sessions)

Staff will be aware that children's non-attendance, particularly repeatedly, can be a vital warning sign of a range of safeguarding possibilities. Early intervention will be taken to identify the risk of any underlying safeguarding concerns and the settings policy for following up on non-attenders will be followed. The setting will have at least two, up to date, emergency contacts for a child.

Child Sexual Exploitation (CSE)

Staff at our setting identify that CSE 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) because of engaging in sexual activities.

Staff recognise that children at risk of CSE need to be identified and issues relating to CSE should be approached in the same way as protecting children from other risks. Staff are aware that 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 may involve varying degrees of coercion, intimidation or enticement, including unwanted pressure from peers to have sex, sexting, sexual bullying including cyberbullying and grooming. However, it also important to recognise that some young people who are being sexually exploited do not exhibit any external signs of this abuse or recognise this as abusive.

This may apply to children, parents/carers, older siblings, staff or other members of the setting community. Further information here.

Child Criminal Exploitation (CCE)

Staff recognise that that criminal exploitation of children and vulnerable young adults is a form of harm, **County lines** is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs using dedicated mobile phone lines or other form of "deal line". This activity can happen locally as well as across the UK. Children and vulnerable adults are exploited to move, store and sell drugs and money. Offenders will often use coercion, intimidation, violence (including sexual violence) and weapons to ensure compliance of victims. Children are also increasingly being targeted and recruited online using social media. Children can easily become trapped by this type of exploitation as county lines gangs can manufacture drug debts which need to be worked off or threaten serious violence and kidnap towards victims (and their families) if they attempt to leave the county lines network.
These cases will be referred to children's social care through the usual channels. Boys and girls being criminally exploited may be at higher risk of sexual exploitation. Further information here.

'Honour Based' Violence (HBV), Female Genital Mutilation (FGM) and Child Marriage

Staff will be aware that HBV encompasses a range of crimes that have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), child marriage, and practices such as breast ironing. It may also include non-violent forms of abuse. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBV are abuse (regardless of the motivation) and should be handled and escalated as such. Further information here.

FGM comprises of all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs. Further information here.

Child marriage is one entered without the full and free consent of one or both parties and where violence, threats or any other form of coercion is used to cause a person to enter into a marriage. Threats can be physical or emotional and psychological. A lack of full and free consent can be where a person does not consent or where they cannot consent (if they have learning disabilities, for example). Settings can contact the Forced Marriage Unit if they need advice or information: Contact: 020 7008 0151 or email fmu@fcdo.gov.uk.

Staff are alert to the risks and indicators of HBV/FGM and child Marriage and they are aware that they are all forms of abuse (regardless of the motivation) with long-lasting consequences and cases must be reported and escalated through the usual channels.
For further information, including details of training staff should visit the SSP website links below.

Modern Slavery

Modern slavery encompasses human trafficking and slavery, servitude and forced or compulsory labour. Exploitation can take many forms, including sexual exploitation, forced labour, slavery, servitude, forced criminality and the removal of organs. Further information on the signs that someone may be a victim of modern slavery, the support available to victims and how to refer them to the National Referral Mechanism is available at; https://www.gov.uk/government/publications/modern-slavery-how-to-identify-and-support-victims Further information here.

Radicalisation and Extremism

Staff realise that they have a duty to protect children from radicalisation and any form of violent extremism in line with the Prevent Duty. Any concerns will be reported to the DSL or DDSL.

In fulfilling this duty, the setting will work closely with the SSP and will have regard to:

- Assessing the risk of children being drawn into terrorism, including support for extremist ideas that are part of terrorist ideology. This will be based on an understanding, shared with partners, of the potential risk in the local area. The setting will protect children from being drawn into terrorism by having robust safeguarding policies in place to identify children at risk, and intervening as appropriate;

- Staff training so that staff have 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 and are shared by terrorist groups. Staff should know where and how to refer children for further help;
- Online safety policies will ensure children are safe from terrorist and extremist material when accessing the internet by establishing appropriate levels of filtering;
- Promoting fundamental British values of democracy, rule of law, individual liberty, mutual respect and tolerance for those with different faiths and beliefs. These values are already implicitly embedded in the Early Years Foundation Stage curriculum.

Additional information about responding to online radicalization and extremism can be found in the settings **Online Safety Policy.** Further information www.Cheekychimpsnursery.co.uk/Policies

Child on Child Abuse (Sexual Violence and Sexual Harassment)

All staff should be aware that children can abuse other children (often referred to as child-on-child abuse), and that it can happen both inside and outside of the setting. All staff need to be be familiar with the setting's policy and procedures around child-on-child abuse and the important role they have to play in preventing it and responding where they believe a child may be at risk from it.

It is essential that all staff understand the importance of challenging inappropriate behaviours between children that are abusive in nature. Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys" can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse.

Child on Child abuse includes, but is not limited to, bullying, abuse in intimate personal relationships between children (sometimes known as 'teenage relationship abuse'), physical abuse such as hitting, kicking, shaking, biting, hair pulling, or otherwise causing physical harm; sexual violence, such as rape, assault by penetration and sexual assault; (this may include an online element), sexual harassment, such as sexual comments, remarks, jokes and online sexual harassment, which may be standalone or part of a broader pattern of abuse; causing someone to engage in sexual activity without consent, such as forcing someone to strip, touch themselves sexually, or to engage in sexual activity with a third party; consensual and non-consensual sharing of nude and semi-nude images and/or videos(also known as sexting), upskirting, which typically involves taking a picture under a person's clothing without their permission, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress, or alarm, and initiation/hazing type violence and rituals (this could include activities involving harassment, abuse or humiliation used as a way of initiating a person into a group and may also include an online element).

Staff will be alert to this form of abuse and aware that this form of abuse must be reported through the usual channels.

Domestic Abuse (DA)

Staff recognise that all children who witness domestic abuse are being emotionally abused and this can cause "significant harm." Domestic abuse will always be referred to CONTACT Swindon.

DA is defined as any violent or abusive behaviour used by one person to dominate and control another within a close personal or family relationship. Children can witness DA in a variety of ways, they may be in the same room and get caught up in an incident, perhaps trying to defend the victim, they may be in a different room but able to hear abuse taking place and witness injuries caused by the abuse, or they may be asked to take part in verbally abusing the victim.

Children with Family Members in Prison

Staff recognise that there are negative consequences for these children and they are at risk of poor outcomes so appropriate support will be put in place (https://www.nicco.org.uk/)

Homelessness

Staff will be aware that being homeless or being at risk of being homeless presents a real risk to a child's welfare. The DSL and DDSL will direct families to the Local Housing Authority for support and a referral will be made to children's social care if deemed necessary.

Private Fostering

Staff will be aware that they have a mandatory duty to report any child in a "private fostering" arrangement, to the Local Authority.

Private fostering is defined as an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'.

Bruising and Injuries to Non-Mobile Children

Bruising is the most common injury in physical child abuse and a common injury in non-abused children, the exception to this being in non-mobile infants where accidental bruising is rare (<1%).

Any bruising, fractures, bleeding and other injuries such as burns in a non-mobile should be treated as a matter of concern.

Mental Health

Mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Staff need to be aware that where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood. It is key that staff are aware of how these children's experiences, can impact on their mental health, behaviour, and education. Settings can access a range of advice to help them identify children in need of extra mental health support, this includes working with external agencies. Free resources to support the setting and parents can be found on the Anna Freud, Early Years in Mind website: https://www.annafreud.org/early-years/early-years-in-mind/resources/

Child Abduction and Community Safety Incidents

Child abduction is the unauthorised removal or retention of a minor from a parent or anyone with legal responsibility for the child. Child abduction can be committed by parents or other family members; by people known but not related to the victim (such as neighbours, friends and acquaintances); and by strangers. Other community safety incidents can raise concerns amongst children and parents, for example, people loitering nearby or unknown adults engaging children in conversation. As children get older and are granted more independence it is important they are given practical advice on how to keep themselves safe.

Cybercrime

Cybercrime is criminal activity committed using computers and/or the internet. It is broadly categorised as;

Cyber-enabled - crimes that can happen off-line but are enabled at scale and at speed on-line.

Cyber dependent - crimes that can be committed only by using a computer.
Cyber-dependent crimes include:

- Unauthorised access to computers (illegal 'hacking'), for example accessing a school's computer network to look for test paper answers or change grades awarded
- Denial of Service' attacks or 'booting'. These are attempts to make a computer, network or website unavailable by overwhelming it with internet traffic from multiple sources.
- Making, supplying or obtaining malware such as viruses, spyware, ransomware, botnets and Remote Access Trojans with the intent to commit further offence, including those above.

Children with particular skills and interest in computing and technology may inadvertently or deliberately stray into cyber-dependent crime. If there are concerns about a child in this area, the designated

safeguarding lead (or a deputy), should consider referring into the Cyber Choices programme. https://nationalcrimeagency.gov.uk/what-we-do/crime-threats/cyber-crime/cyberchoices

Appendix 3 - The Right Help at the Right Time



Level 2: Early Support - (Previously Early Help Additional Needs)

Level 2 Early support relates to children, young people and their families with additional needs that can be met through a single agency or a multiagency response. This includes children who may have a special educational need and/or disability (SEND support). The single agency will coordinate the assessment and plan with the aim of achieving positive outcomes and preventing the need for a higher level of support. The support required may only be short term, but if ignored, these issues could escalate further.

Response	Assessments
Professionals should refer to a single agency to meet identified need. Agencies can be identified through Children and Families Contact Swindon who can provide details of services and support.	Agencies should consider using their own internal assessment frameworks or other tools such as the Neglect Screening Tool. Agencies should complete an Early Help Assessment (EHA) and arrange a Team Around the Family (TAF) meeting. The EHA will ensure that information is held centrally and is visible (with consent) to other professionals who may also have concerns. This approach is particularly helpful where more than one agency may be involved.

Consent

Consent must be sought to access services. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.

You can legally share information when:

- It is **necessary** for delivering your service or fulfilling your statutory function **(public task)**
- It is **required by legislation (legal obligation)**
- The family has given **clear, informed consent** (if the purpose is voluntary and not safeguardingcritical)

Outcome

Children, young people and their families make good progress in most areas of development. Additional support has been put in place to improve overall outcomes for the family. If improvement has not been made, consideration should be given to review level of need and additional interventions that may be required at Level 3.

Level 1: Universal Services

Children and young people whose needs are met by universal services such as schools and healthcare services, alongside the love, care and protection from parents and carers.

Children and young people in this category are making good overall progress in all areas of their development. Some limited intervention from a universal service may be required to avoid needs arising or to meet a single identified need. The majority of children living in Swindon will fall into this category.

Response	Assessments
Agencies should identify what they can do first to support the child and their family through their own service.	Agencies may use their own assessment processes to tailor the services they provide.

Consent

Consent must be sought to access services and share information with others. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.

At Universal Support, you can legally share information when:

- It is necessary for delivering your service or fulfilling your statutory function **(public task)**
- It is **required by legislation (legal obligation)**
- The family has given **clear, informed consent** (if the purpose is voluntary and not safeguardingcritical)

Outcome

Children, young people and their families make good progress in most areas of development.

Level 3: Family Help - (Previously Early Help Complex Needs)

Level 3 applies to children and families who require support from more than one agency due to multiple and complex needs. This includes where a child may have special educational need and/or disability and is identified as SEND support by their school and when child is receiving support as a child in need (S17 Childrens Act).

These families need services to work together in a co-ordinated way to assess, plan and work directly with the family to bring about change. The support required may only be short term, but if not addresses, these issues could escalate to require statutory intervention.

A lead practitioner will be identified to co-ordinate support.It is expected when Level 3 support is requested; professionals will be able to outline the support that is already in place through an early help plan or other appropriate plans to meet a child's special educational need and disability.

Response	Assessments
Following appropriate consent, agencies should initiate an Early Help Assessment (EHA) to assist in identifying the correct level of needs for children and families and inform any support plan required to meet those needs. The EHA is designed as a shared tool to be used by all agencies who are delivering early help support to children and families, with the purpose being to provide a co-ordinated response so no one misses out on the support needed. The identified Lead Practitioner will coordinate work with the family and across agencies to support their needs. They provide a central point of contact for the family and other practitioners, coordination of the plan of support and monitoring progress towards outcomes. The aim will be to facilitate consistent support to children and families with the desired expectation of support being stepped down in the future once high-level needs have been met. If a child will benefit from Family Help support a request for help should be made to Children and Families Contact Swindon.	In addition to the EHA, other tools for assessing need are the Neglect Screening Tool Child Exploitation Risk Assessment Framework (CERAF) and any local, regional, or nationally specialist assessment tools.

Consent

Consent must be sought to access services. Any information sharing between agencies without consent must be clear as to its legal basis. Ensure privacy information is shared with the family and a consent form completed.

You can legally share information when:

- It is necessary for delivering your service or fulfilling your statutory function (public task)
- It is required by legislation (legal obligation)
- The family has given clear, informed consent (if the purpose is voluntary and not safeguardingcritical)

Outcome

Children, young people and their families make good progress in most areas of development; additional support has been put in place to improve overall outcomes for the family. If improvement has not been achieved and there is a risk that a child or young person is likely to suffer significant harm, the support and intervention needs to be considered at Level 4. There should be no unnecessary delay.

Level 4: Family Help Specialist / Statutory Support

Level 4 specialist/statutory support is for children, young people, and families with a high level of unmet or complex needs including;

- Child protection; a child who is suffering or likely to suffer significant harm
- Children looked after and privately fostered
- Young people who have committed an offence
- Children with acute mental health needs
- A child who may need an Education Health and Care Needs Assessment
- Children who are unaccompanied asylum seekers
- Children subject to an Emergency Protection Order
- Interim Care Order or a full Care Order.
- A child who is remanded by a court into local authority accommodation or youth detention accommodation will also be deemed as a Child Looked After.

Response	Assessments
Agencies should refer to Children and Families Contact Swindon by completing a Request for Help and Support Form or by calling Contact Swindon on 01793 464646 or 01793 436699 for the out of hours Emergency Duty Team. If there is a concern that a child is immediately at risk, dial 999. If there is a concern that a child's health is at immediate risk, medical support should be sort by contacting 999 in an emergency, 111, GP, Emergency Department or the child's existing health provider.	A child who requires a Statutory / specialist assessment will take place under the provisions of the Children Act 1989. A child who needs a Statutory Needs Assessment (SEND) under Children and Families Act 2014

Consent

Professionals should normally seek consent to share information for Level 4 referrals, except where this would place the child at potential risk of harm, or compromise a police investigation (for example; allegations of parental sexual abuse, or suspicions of fabricated or induced illness). If consent is withheld for a Level 4 referral, the professional should consider with their Safeguarding Lead whether they have grounds to override consent in order to protect the child. Where a safeguarding lead is not available, this should not delay a timely referral. Children and Families Contact Swindon can provide advice. Rationale for not pursuing consent should be recorded.Where a referral is necessary to protect the child, professionals will have a legal basis to share information without parental consent.

At the significant harm threshold, Practitioners should be open and honest with families about concerns and the need to share information, unless doing so would place the child or another person at increased risk. consent is not required to share information or make a referral. The Department for Education (DfE) makes clear that data protection legislation is not a barrier to sharing information where a child is at risk, and consent is not usually the appropriate lawful basis for sharing information in safeguarding. Practitioners must prioritise the child's safety and welfare above the preferences or objections of family members

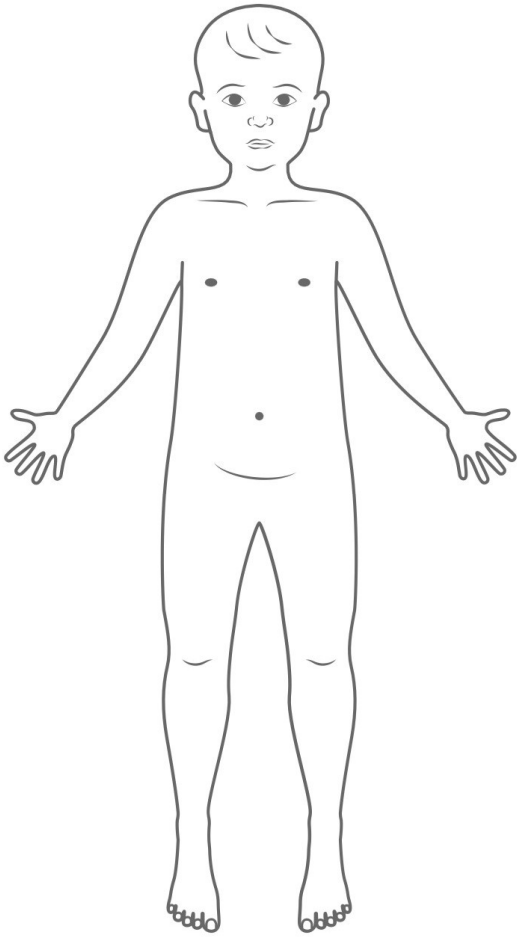
Outcome

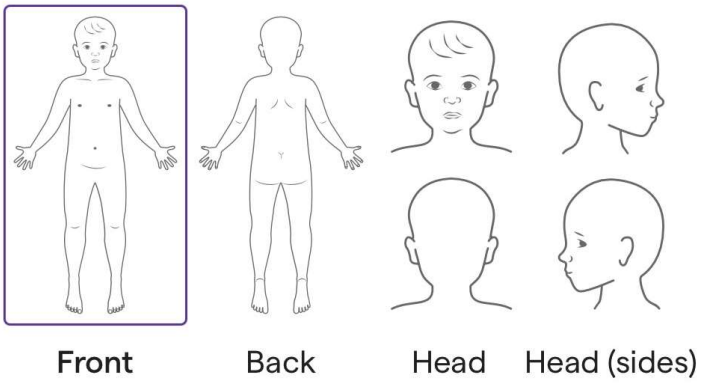
Children and young people will be supported through the intervention of specialist services, within a statutory role.

If the child's situation does not appear to be improving, the referrer should press for re-consideration.

Appendix 4 - Body Map - Recording Physical Injuries

Body Map Via famly app





Staff to use famly app to report any incidents, injury on arrivals and any accidents. Mark injuries directly on the diagrams. Complete on the same day.

Any safeguarding concerns report to DSL or DDSL. Write up any concerns on the famly app.

Select...

Nature of accident/incident*

First aid administered*

Witnesses

Select...

Other staff present

Select...

When and how were parents notified*

Reported to (not visible to parents)

RIDDOR Ofsted LADO

Other notes

Choose files

Appendix 5: National Support Organisations

- Keeping Children Safe in Education: Additional support and guidance
- NSPCC: Provide advice and support if you're worried about a child
- Child Line:: Provide Information, advice and support for children
- Coram Family Lives: Provide support for families that are struggling
- Victim Support: Support for victims of crime
- Kidscape: Parent Advice Line
- The Samaritans: 24-hour support helpline
- Children's Mental Health Network: Provide support with mental health
- NAPAC Support for People Abused in Childhood
- Mencap: Advice and support for people with learning disabilities
- Women's Aid: Help and support in relation to domestic abuse
- Men's Advice Line: Support for men who experience domestic abuse
- Forced Marriage Unit: Forced marriage guidance
- Lucy Faithfull Foundation: Advice and guidance around preventing child sexual abuse
- Stop it Now!: Advice and guidance around preventing child sexual abuse
- CEOP: Advice and guidance in relation to online sexual abuse or child exploitation
- Marie Collins Foundation: Support for children who suffer online abuse or exploitation
- Internet Watch Foundation (IWF): Report online crimes
- Child net International: Internet safety for children
- UK Safer Internet Centre: support for professionals, parents/carers and children to make the internet a safer place. Parents Info:
- Net Aware: NSPCC keeping children safe online
- Get safe Online: Free advice in relation to staying safe online
- Professional Online Safety Helpline: Help with any online safety issues
- Educate against Hate: Government advice in relation to safeguarding children against radicalisation
- Counter Terrorism Internet Referral Unit: Report online material promoting terrorism or extremism
- Anna Freud website: Early Years in Mind free online network for early years practitioners. It provides easy to read and easy to use guidance on supporting the mental health of babies, young children and their families.

Appendix 6: Contacts List

Name	Role	Contact number
Ceri McAteer EYQITeam	Safeguarding support or advice.	**Mobile – 07774178011 - Ceri** **cmcateer@swindon.gov.uk** **EYQITeam@swindon.gov.uk**
Contact Swindon	Swindon Front Door Emerging concerns about a child, suspect a child is being abused or neglected, or concerned about a child's welfare or well-being.	**Email:** **contactchildrenandfamilies@swindon.gov.uk** **Telephone: 01793 464646 (during normal office hours)** **Mon-Thurs - 8.30am to 4.40pm** **Friday – 8.30am to 4.00pm** **Emergency Duty Service (EDS) outside office hours on 01793 436699**
LADO (Local Authority Designated Officer)	Contact when there is an allegation against a member of staff	**LADO Team - 01793 463854** **Lado@swindon.gov.uk**
Ofsted	Notify of allegations, notifiable injuries or significant events. Ofsted can also be contacted for advice and guidance	**0300 123 1231** **https://contact.ofsted.gov.uk/contact-us** **enquiries@ofsted.gov.uk**
NSPCC Whistleblowing helpline	Free advice and support to professionals with concerns about how child protection issues are being handled in their own or another organisation.	**Call 0800 028 0285** **Email -help@nspcc.org.uk**

Appendix 7

Safeguarding Quick Guide for Staff

Safeguarding is Everyone's Responsibility

Safeguarding Quick Guide for Staff

If You Have a Concern About a Child

1 Recognise



Be alert to:

- Changes in behaviour, mood, or appearance
- Unexplained injuries or comments
- Signs of neglect, abuse, or risk
- Anything that makes you feel uneasy

Always trust your instincts – it could happen here

2 Respond

Do	Don't
✓ Stay calm and listen	✗ Promise confidentiality
✓ Take the child seriously	✗ Ask leading questions
✓ Use open language ("Tell me what happened")	✗ Investigate
✓ Reassure: "You've done the right thing"	

3 Record



- Write it as soon as possible (same day)
- Use the child's own words
- Include date, time, facts only
- Sign and pass to DSL

4 Report

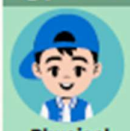
- Tell the DSL immediately (same day)
- If DSL unavailable → tell Deputy DSL
- If neither available → contact Children's Services or 999

Never delay or assume someone else will act

Immediate Danger
If a child is at immediate risk of harm:

- Call 999 (Police)
- Then inform DSL

Types of Abuse



Physical



Emotional

Know the Signs



Sexual



Neglect

Recording



- Be factual (no opinions)
- Keep all original notes
- Report ALL concerns (even small ones)
- Patterns matter over time

Other Concerns

- Domestic abuse
- Child exploitation (CSE/CCE)
- Radicalisation
- Mental health concerns
- Bruising in non-mobile babies
- Online safety risks

Abuse can happen at home, in the community, or online

Child Voice

Children may communicate through:

- Play
- Behaviour
- Emotions



Listen, observe, and take all communication seriously

Working With Parents

- Be open and respectful
- Share concerns appropriately
- BUT do NOT inform parents if it puts a child at risk

Confidentiality

- Share on a need-to-know basis only
- Never promise to keep secrets
- Safeguarding overrides confidentiality

Whistleblowing

If concerned about a colleague:

- Report to DSL/manager
- If unsafe → contact LADO / NSPCC

You are protected for speaking up

Key Contacts

DSL:_____

DDSL:_____

Children's Services: Contact Swindon
01793 464646
contactchildrenandfamilies@swindon.gov.uk

LADO: 01793 463854
Lado@swindon.gov.uk

Remember:

- Act immediately
- Report concerns
- Record clearly
- Keep the child at the centre

Swindon Early Years Quality and Inclusion Team

Gemma Farrar 23.10.2026
Review 23.10.2027

The Meadows
Cheeky Chimps Childcare
Kingsdown Sports Centre, Hyde Road, SN2 7SH
Phone: 01793 822646, Mobile: 07443 420152
Email: themeadows@cheekychimpsnursery.co.uk