

# Safeguarding and Child Protection Policy



## Policy Statement

Early Years Day Nursery Uxbridge is fully committed to safeguarding and promoting the welfare of all children in our care. We recognise that safeguarding is everyone's responsibility and that all staff have a vital role to play in identifying concerns, protecting children and ensuring they grow up in a safe and secure environment.

We aim to provide a setting in which every child feels safe, valued and respected, and where they are confident to express their thoughts and feelings. We are committed to creating a culture of openness and vigilance, where concerns are taken seriously and acted upon promptly and appropriately.

This policy is in line with statutory guidance, including *Working Together to Safeguard Children* and the *Early Years Foundation Stage (EYFS)* framework, and reflects the procedures of the Local Safeguarding Children Partnership.

The nursery acknowledges that this policy incorporates a wide range of specific safeguarding issues, including but not limited to:

- Bullying (including cyberbullying)
- Children and the court system
- Children Missing Education (CME)
- Children with family members in prison
- Child missing from home or care
- Child Sexual Exploitation (CSE)
- Child criminal exploitation (County Lines)
- Domestic Abuse
- Drugs and alcohol misuse
- Fabricated or induced illness
- Faith abuse
- Female Genital Mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based abuse and violence against women and girls
- Hate
- Homelessness
- Honour based abuse (including breast ironing)
- Human trafficking and modern slavery
- Mental health
- Missing children and adults
- Online safety
- Peer on Peer Abuse
- Prevent duty (radicalisation and extremism)
- Private fostering
- Relationship abuse
- Sexual Violence and Sexual Harassment
- 'Upskirting'
- Youth produced sexual imagery or "Sexting"

## Safeguarding Ethos

The nursery operates a culture of safeguarding where children are listened to, staff are confident to raise concerns, and all concerns are taken seriously and acted upon promptly.

As part of our safeguarding approach, the nursery is committed to ensuring that children's welfare is always the paramount concern. We provide an environment where children feel safe, secure and supported, and where positive and trusting relationships are developed between children and adults.

We support children in developing confidence, resilience and awareness so they can understand how to keep themselves safe. We also work in partnership with parents and carers, recognising the importance of open communication while maintaining our responsibility to act in the best interests of the child.

The nursery ensures that all staff receive appropriate safeguarding training and are confident in recognising the signs and symptoms of abuse. We maintain accurate and confidential records, share information appropriately, and work closely with external agencies where required to support and protect children.

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## Designated Safeguarding Lead (DSL)

Early Years Day Nursery Uxbridge ensures that a trained Designated Safeguarding Lead (DSL) and, where applicable, a Deputy DSL are appointed at all times. A DSL or Deputy DSL will always be present on site during operating hours to ensure that safeguarding concerns can be managed promptly and effectively.

The DSL has overall responsibility for safeguarding and child protection within the nursery. This includes acting as the main point of contact for all safeguarding concerns, providing advice and support to staff, and liaising with external agencies such as Children's Social Care, the Local Safeguarding Children Partnership, and the police.

The DSL is responsible for receiving and collating safeguarding information relating to individual children, making immediate and ongoing assessments of risk, and determining the appropriate course of action. This may include, where appropriate, working in partnership with parents or carers and making referrals to external agencies.

The DSL must ensure that all safeguarding concerns are recorded accurately, stored securely, and shared appropriately in line with data protection requirements. They are also responsible for ensuring that safeguarding records are transferred securely when a child moves to another setting.

Where advice is required, the DSL may consult with relevant professionals; however, this must never delay taking action. If a child is at risk of harm, a referral must be made immediately.

The DSL must attend a suitable safeguarding and child protection training course that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect. The DSL is responsible for ensuring that all staff receive appropriate safeguarding training and are aware of the nursery's procedures for reporting concerns.

## Identifying Abuse

All staff, students, and any other adults working within the nursery receive appropriate safeguarding training to ensure they are confident in identifying physical, emotional, and behavioural indicators that a child may be at risk of harm. Safeguarding is everyone's responsibility.

All staff must remain vigilant at all times and act immediately if they have any concerns. Any concern, however small, must be reported without delay to the Designated Safeguarding Lead (DSL) or Deputy DSL in line with this policy.

Early identification is critical in protecting children. Indicators of possible abuse or neglect may include, but are not limited to:

- Significant or sudden changes in a child's behaviour, presentation, or demeanour
- Deterioration in a child's general well-being, including withdrawal, anxiety, or distress
- Unexplained bruising, marks, injuries, or signs of possible abuse or neglect
- Concerning comments, disclosures, or behaviours from a child that may indicate harm or risk
- Ongoing concerns that suggest neglect or abuse may be occurring outside of the setting, including within the home environment
- Inappropriate behaviour displayed by staff or other adults, including:
  - Inappropriate or sexualised language
  - Excessive or inappropriate one-to-one attention beyond role requirements
  - Sharing or displaying inappropriate images

Abuse and neglect are serious forms of maltreatment. A child may be abused or neglected through the infliction of harm, or by a failure to act to prevent harm.

Children may be at risk in a range of environments, including within their family, the nursery, or the wider community. Harm can be caused by adults or by other children. All concerns must be taken seriously and acted upon promptly to ensure children are protected.

## Physical Abuse

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Physical abuse involves the deliberate infliction of harm on a child. This may include hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical injury.

Physical harm may also occur when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child, known as fabricated or induced illness (FII). This is a serious safeguarding concern.

Indicators of physical abuse may include, but are not limited to:

- Bruises, marks, or injuries at different stages of healing
- Bruising or injuries in non-mobile babies, or babies who are reluctant to move limbs or show discomfort when handled
- A child appearing fearful, withdrawn, or flinching when approached or touched
- Explanations for injuries that are inconsistent with the injury, or with the child's age and developmental stage
- A pattern or history of frequent injuries, even where individual explanations appear reasonable
- Bruising to unusual areas such as the face, ears, neck, or mouth
- Unexplained or poorly explained burns, scalds, or bite marks
- Repeated ingestion of toxic or harmful substances

Staff must be aware that no single indicator confirms abuse. However, patterns, inconsistencies, or a combination of concerns must always be taken seriously and reported immediately to the Designated Safeguarding Lead (DSL).

## Impact of Physical Abuse

Physical abuse can have severe and long-term consequences. It may result in immediate harm such as physical injury, pain, neurological damage, or disability, and in extreme cases, death.

The impact often extends beyond visible injuries. Exposure to physical abuse, particularly within environments where there is conflict or aggression, can significantly affect a child's emotional well-being and development.

Children who experience physical abuse may demonstrate:

- Aggressive or withdrawn behaviour
- Emotional and behavioural difficulties
- Delays in learning and educational progress

Staff must remain particularly vigilant when working with children with disabilities, as signs of abuse may be wrongly attributed to their condition. All concerns must be carefully considered and not dismissed.

Professionals must not make assumptions based on cultural, racial, or religious factors. All indicators of abuse must be assessed objectively, and appropriate action must always be taken to safeguard the child.

## Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child that results in severe and long-term adverse effects on their emotional development.

It may involve conveying to a child that they are worthless, unloved, inadequate, or only valued when they meet the needs of another person. It may include denying a child opportunities to express their views, deliberately silencing them, or making fun of how they communicate.

Emotional abuse may also include:

- Imposing age or developmentally inappropriate expectations
- Preventing a child from participating in normal social interaction
- Causing a child to witness or hear the ill treatment of others, including domestic abuse
- Serious bullying, including cyberbullying
- Exploitation or deliberate manipulation of a child

Emotional abuse is present, to some degree, in all forms of maltreatment, although it can also occur on its own. Staff must be mindful that children with additional needs or disabilities may be at increased risk if their emotional needs are not fully recognised or met.

Indicators of emotional abuse may include, but are not limited to:

- Reduced ability to engage in play or show enjoyment

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- Lack of curiosity or interest in their environment
- Delays in speech, language, or developmental progress
- Low self-esteem or lack of confidence
- Eating difficulties or poor growth
- Difficulty forming trusting relationships, or expecting negative responses to kindness
- In more severe cases, physical signs of deprivation despite adequate physical care

Staff must be aware that these indicators may present gradually and may not always be immediately obvious. Any concerns must be reported promptly to the Designated Safeguarding Lead (DSL).

## Impact of Emotional Abuse

Emotional abuse can have a significant and lasting impact on a child's mental health, behaviour, and overall development. The effects are often long-term and may continue into adulthood.

It can be particularly harmful during early childhood, when emotional security is critical for healthy development. Children who experience emotional abuse may struggle with self-esteem, emotional regulation, relationships, and learning.

The impact may be intensified in environments where there is a lack of emotional warmth, high levels of criticism, or ongoing instability.

Emotional abuse may also be linked to wider safeguarding concerns within the family, including:

- Domestic abuse
- Adult mental health difficulties
- Substance misuse
- Discrimination or racism

In severe cases, the long-term impact of emotional abuse can lead to serious mental health difficulties, including self-harm or suicidal thoughts.

All concerns must be taken seriously. Staff must assess indicators objectively and without assumption, ensuring that every child's welfare remains the priority at all times.

## Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening.

These activities may involve physical contact, including assault by penetration or non-penetrative acts. They may also include non-contact activities, such as involving children in looking at, or producing, sexual images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways. This includes grooming a child in preparation for abuse, including via the internet.

Sexual abuse can be perpetrated by adults or by other children. It is important to recognise that both males and females can commit acts of sexual abuse.

Indicators of sexual abuse may include, but are not limited to:

### Physical signs:

- Genital or anal injury, bleeding, or trauma
- Inflammation, irritation, or infection in the genital or anal area
- Persistent or recurrent discharge
- Sexually transmitted infections
- Pregnancy

### Medical indicators:

- Recurrent urinary infections or symptoms
- Enuresis or secondary enuresis (wetting or soiling)
- Unexplained or recurrent abdominal pain

### Behavioural indicators:

- Inappropriate sexualised behaviour or language
- Compulsive or excessive masturbation

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- Sudden changes in behaviour or emotional presentation
- Aggressive or withdrawn behaviour
- Sexualised drawings, play, or interactions
- Knowledge of sexual matters beyond what would be expected for the child's age and development

Staff must be aware that no single indicator confirms abuse. Any concerns, patterns, or changes must be reported immediately to the Designated Safeguarding Lead (DSL).

## Impact of Sexual Abuse

Sexual abuse can have a profound and long-lasting impact on a child's emotional, psychological, and physical well-being.

Children who have experienced sexual abuse may display:

- Self-harming behaviours
- Inappropriate sexualised behaviour
- Anxiety, sadness, or depression
- Low self-esteem and difficulties forming relationships

The effects may continue into adulthood if not identified and addressed. Staff must be particularly mindful when working with children with disabilities, as behaviours linked to abuse may be wrongly attributed to their condition. All concerns must be explored and not dismissed.

## Neglect

Neglect is the persistent failure to meet a child's basic physical and/or emotional needs, which is likely to result in serious impairment of the child's health or development.

Neglect may begin during pregnancy, for example due to maternal substance misuse. Following birth, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, or shelter, including exclusion from home or abandonment
- Protect a child from physical or emotional harm or danger
- Ensure appropriate supervision, including the use of unsuitable caregivers
- Ensure access to necessary medical care or treatment
- Respond to a child's basic emotional needs

Indicators of neglect may include, but are not limited to:

- Failure to thrive where no medical cause has been identified
- Persistent hunger, poor feeding, or feeding difficulties
- Inappropriate clothing for weather conditions or poor hygiene
- Lack of supervision or unsafe situations
- Failure to seek or follow medical advice or treatment
- Developmental delay, particularly in speech and social skills
- Difficulty forming peer relationships, alongside attention-seeking behaviour from adults
- Physical signs such as poor growth, dental decay, thinning hair, or consistently cold and unkempt appearance

## Impact of Neglect

Neglect can have serious and long-term consequences for a child's health and development. It is strongly associated with:

- Delayed physical growth and cognitive development
- Poor educational outcomes
- Difficulties with relationships and social interaction
- Emotional and behavioural challenges

In severe cases, neglect can result in significant harm or death.

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## Safeguarding Responsibilities

This list is not exhaustive. Staff must remain vigilant and report any concerns, even if they are not specifically listed within this policy.

It is the responsibility of the Designated Safeguarding Lead (DSL) to:

- Receive, record, and collate safeguarding concerns
- Assess risk and make informed decisions regarding next steps
- Take immediate and ongoing action to safeguard children
- Make referrals to appropriate external agencies where required

Advice may be sought from the Early Years Quality Manager (EYQM). However, this must never delay taking appropriate safeguarding action or making a referral.

If the EYQM is not immediately available, staff must not wait for a response and must proceed in line with safeguarding procedures to ensure the child's safety.

All discussions must consider the level of risk, urgency of the concern, and whether parents or carers should be informed, in line with safeguarding guidance.

**All staff, including management, have a duty to safeguard and promote the welfare of children. The following must be adhered to at all times:**

- Take immediate action where there is risk of harm  
If a child is in immediate danger or at risk of significant harm, a referral must be made without delay to Children's Social Care and/or the police. Staff must understand that their role is not to investigate, but to recognise concerns and refer appropriately.
- Record all concerns accurately and promptly  
Any safeguarding concern must be recorded using the *Logging a Concern* form and Body Map (where applicable). This includes all concerns that may indicate child protection issues, including Female Genital Mutilation.
- Record pre-existing injuries  
Where a child arrives with an injury, this must be recorded in the Accident/Incident Book or on the online system. The parent or carer must be asked to explain how the injury occurred, their response must be recorded, and their signature obtained.
- Report unauthorised absences immediately  
Any unexplained absence must be reported to the Designated Safeguarding Lead (DSL) without delay. The DSL will contact the parent or carer, assess risk, and take appropriate action in line with safeguarding procedures.
- Understand and engage with Early Help  
All staff must be aware of the Early Help process and their role in identifying emerging concerns. This includes working with the DSL, sharing information appropriately, and supporting early intervention where required. In some cases, staff may contribute to or act as the lead professional in an Early Help assessment.
- Understand statutory referral processes  
Staff must be aware of the procedures for making referrals under the Children Act 1989 and understand their role in supporting statutory assessments where required.
- Maintain clear communication with the DSL  
Any staff member who makes a referral must inform the DSL team as soon as possible. Where a concern has been passed to the DSL, staff should feel confident to follow up if they remain worried, to ensure that appropriate action has been taken and the child is safe.
- Escalate concerns if necessary  
If a staff member believes that appropriate action has not been taken, they must escalate their concerns without delay. This may include:
  - Contacting the nursery owner, where appropriate

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- o If the owner is the DSL, escalating directly to Early Years Day Nurseries Head Office
- Follow escalation procedures where outcomes do not improve  
If, following a referral, a child's situation does not improve, the DSL must continue to press for reconsideration and further action. Any professional disagreements must be managed and escalated in line with local safeguarding partnership procedures.

## Recording Concerns About Possible Child Abuse

Accurate, timely, and secure recording of safeguarding concerns is essential. All staff must ensure that any concern is recorded in line with the following requirements:

### Record promptly and accurately

All concerns must be recorded as soon as possible after ensuring the child is safe and appropriately supported. Records must be factual, objective, and completed by the person who identified the concern. Include clear details of any injuries observed, disclosures made by the child, and any actions taken.

- Use clear and professional recording standards

Records must be written clearly and legibly in ink, not pencil. All names, addresses, and contact details must be printed clearly to avoid misinterpretation.

- Maintain the integrity of records

Any corrections must be made by drawing a single line through the error, then signing and dating the amendment. Correction fluid, including Tippex, must never be used.

- Ensure records are complete- All pages must be numbered and include:

The date, time, and location of the concern

A detailed account of what was observed or disclosed

The child's presentation, behaviour, and emotional state

Exactly what was said by the child, using their own words where possible

What was said or done by the staff member in response

- Record actions and information sharing

All actions taken must be clearly documented, including when, how, and with whom the information was shared.

- Sign and date all records

Every record must include the signature of the person completing it, along with the printed full name, date, and time the report was written.

- Report to the DSL without delay

All records must be shared immediately with a member of the Designated Safeguarding Lead (DSL) team, who will determine the next steps in line with safeguarding procedures.

- Store records securely

Original handwritten Logging a Concern forms must be stored securely in a locked, access-controlled filing system dedicated to Child Protection records. Access must be restricted to the DSL team only.

- Manage electronic records safely

Where records are typed or scanned, they must be verified as a true and accurate copy of the original, signed accordingly, and stored securely with appropriate password protection

- Take responsibility for safeguarding actions

Failing to report a concern is a serious omission. If a concern remains on your mind after leaving work, this is an indication that action should have been taken. All staff have a duty to always act in the best interests of the child.

## Record Keeping

Effective record keeping is essential to ensure safeguarding concerns are identified, monitored, and acted upon appropriately.

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**Recording concerns-** All staff must record any welfare or safeguarding concern using the nursery's Logging of Concern form, including a body map where injuries are observed. Records must be completed as soon as possible after the incident or disclosure, using the child's own words where appropriate. All records must be signed and dated by the member of staff and passed to the Designated Safeguarding Lead (DSL) without delay.

**DSL records and decision-making-** The DSL is responsible for recording all safeguarding concerns, discussions, decisions, and the rationale for those decisions on the DSL Response Log. Where staff are unsure about recording requirements, they must seek clarification from the DSL immediately.

**Information sharing between settings-** Where a child attends, or has previously attended, another setting, it is good practice to seek relevant safeguarding information. This ensures records remain accurate, up to date, and that appropriate support is provided.

**Availability of documentation-** Blank Logging of Concern forms must be accessible to all staff at all times to ensure concerns can be recorded without delay.

**Storage and confidentiality-** Safeguarding records are maintained for each individual child and are stored separately from all other nursery records. All records are retained securely and centrally by the DSL in line with the UK General Data Protection Regulation and the nursery's data protection policy. Access is strictly limited and information is shared on a need-to-know basis only.

**Management oversight-**The DSL will keep the nursery management team informed of any significant safeguarding concerns, including referrals where a child may be at risk of significant harm.

**Transfer of records-** When a child moves to another setting or school, safeguarding records must be transferred securely, confidentially, and separately from all other records. These must be shared directly with the receiving setting's DSL, and a receipt of transfer must be obtained.

**Use of images and confidentiality-** Children's privacy must be protected at all times. Staff must not take photographs of children's injuries under any circumstances. Parents must also be informed that the nursery does not accept photographic evidence of injuries, including via online platforms. Where appropriate, medical evidence should be obtained instead. This approach helps to protect the child and ensures that any potential legal processes are not compromised.

## Multi-Agency Working

The nursery is fully committed to effective multi-agency working to safeguard and promote the welfare of all children. We recognise that protecting children is a shared responsibility, and that timely collaboration with other professionals is essential to ensure children receive the right support at the right time.

All staff are expected to identify children and families who may require additional support and to raise concerns with the Designated Safeguarding Lead (DSL). Where appropriate, and in line with safeguarding guidance, referrals to external agencies will be made, with parents or carers involved unless doing so would place the child at risk.

The nursery understands that it is not the role of the setting to investigate child protection concerns. Our responsibility is to recognise concerns, record them accurately, and refer them promptly to the appropriate statutory agencies. However, the nursery will fully cooperate with and contribute to any investigation, assessment, or intervention led by external services, providing accurate information and ongoing support for the child.

We recognise the importance of active participation in multi-agency processes. The nursery will ensure that relevant staff, including the DSL, attend and contribute to safeguarding meetings as required. These may include:

- Child Protection Conferences
- Core Group meetings
- Strategy Meetings
- Child in Need meetings
- Early Help meetings

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Staff will be supported to share relevant information, challenge decisions where necessary, and advocate for the best interests of the child at all times.

## Confidentiality and Information Sharing

The nursery recognises that all matters relating to safeguarding and child protection are highly sensitive and must be treated with the utmost confidentiality.

Information about a child will only be shared on a strict need-to-know basis. The Designated Safeguarding Lead (DSL) will determine what information is shared, with whom, and when, ensuring that this is always in the best interests of the child.

All staff must understand that safeguarding concerns override normal confidentiality. There is a professional and legal duty to share relevant information with appropriate agencies where this is necessary to protect a child from harm.

Staff must:

- Share concerns promptly with the DSL
- Be clear that they cannot guarantee confidentiality to a child where there are safeguarding concerns
- Reassure the child that any information shared will only be passed on to those who need to know in order to help keep them safe

Information sharing must always be:

- Necessary, proportionate, and relevant
- Accurate, timely, and secure
- Shared in line with data protection requirements, including the UK General Data Protection Regulation

Further guidance can be found in the statutory document *Information Sharing: Advice for Safeguarding Practitioners (February 2024)*, which all staff are expected to be familiar with.

The safety and welfare of the child must always be the primary consideration when making decisions about sharing information.

[Information sharing advice for safeguarding practitioners - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/115115/Information-sharing-advice-for-safeguarding-practitioners-2024.pdf)

## Safe Working Practice

All staff, including temporary staff, students, and volunteers, are required to adhere to safe working practices at all times. These are outlined in the nursery's Staff Code of Conduct and are in place to protect both children and staff.

Staff must maintain professional boundaries and act in a way that safeguards children while also reducing the risk of misunderstandings or allegations. It is recognised that children may make allegations where they feel vulnerable or perceive a risk. Staff must therefore take all reasonable steps to ensure their practice is transparent and appropriate at all times.

This includes:

- Ensuring that interactions with children and parents are, wherever possible, conducted within sight or hearing of other adults
- Avoiding situations where they are alone with a child in a way that could be misinterpreted
- Maintaining professional conduct in all interactions

## Physical intervention

Physical intervention must only be used as a last resort, where a child is at immediate risk of harming themselves or others. Any such intervention must be reasonable, proportionate, and necessary.

All incidents must be recorded promptly, including the reason for the intervention, actions taken, and any witnesses present. Records must be signed and reviewed in line with nursery procedures.

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Staff must follow the nursery's Promoting Positive Behaviour and Self-Regulation Policy and Intimate Care Policy at all times. Appropriate training must be provided to ensure staff understand how to respond safely and appropriately.

## Use of technology and communication

Staff must be aware of the professional risks associated with the use of social media and electronic communication, including email, mobile phones, messaging, and social networking sites.

All communication must remain professional and in line with the nursery's E-Safety Policy. Staff must not engage in any form of communication or online behaviour that could compromise professional boundaries or the safety and welfare of children.

All staff are expected to take responsibility for maintaining safe working practices and to raise any concerns about unsafe or inappropriate behaviour immediately with the Designated Safeguarding Lead (DSL) or management team.

## The Prevent Duty

From 1 July 2015, all registered Early Years providers are subject to a duty under Section 26 of the Counter-Terrorism and Security Act 2015. This is known as the Prevent Duty and requires settings to have due regard to the need to prevent people from being drawn into terrorism.

The nursery is committed to safeguarding children from radicalisation and extremism as part of its wider safeguarding responsibilities.

Promoting British Values is embedded within everyday practice through supporting children's personal, social and emotional development, and their understanding of the world. This is delivered through a safe, inclusive environment, effective risk assessment, strong partnership working, and a robust safeguarding culture.

All staff receive appropriate safeguarding training, including awareness of the Prevent Duty, to ensure they can identify children who may be vulnerable to radicalisation. Staff understand that radicalisation is a safeguarding concern and must be treated in the same way as other forms of abuse.

Our practice is informed by statutory guidance, including:

- *Working Together to Safeguard Children (2026)*
- [Working together to safeguard children - GOV.UK](#)
- Revised Prevent Duty Guidance
- [Prevent duty guidance: England and Wales \(2023\) - GOV.UK](#)

The nursery works in partnership with the Local Safeguarding Children Partnership (LSCP) and other relevant agencies to safeguard and promote the welfare of children.

Where concerns are identified, they will be reported immediately to the Designated Safeguarding Lead (DSL), who will assess the risk and make a referral to the appropriate agency, including the local authority or Prevent/Channel services where necessary. All referrals will be recorded in line with safeguarding procedures.

Staff are aware of the **Channel programme**, which provides early support to individuals identified as being vulnerable to radicalisation. The DSL will have appropriate training to support staff and manage referrals where required.

The nursery is committed to working in partnership with families. Where appropriate, we will support and signpost families to relevant services to help reduce the risk of radicalisation.

## Supervision and Support

The leadership team will ensure that all staff receive appropriate supervision in line with the statutory requirements of the Early Years Foundation Stage (EYFS). [Early years foundation stage \(EYFS\) statutory framework - GOV.UK](#)

The nursery recognises that effective supervision is a regular, planned, and accountable two-way process. It provides support, challenge, and professional development, enabling staff to reflect on their practice, strengthen their knowledge and skills, and continuously improve outcomes for children.

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Supervision will:

- Monitor and support the quality of professional practice
- Provide opportunities for reflective discussion and professional development
- Identify training and development needs
- Support staff wellbeing and resilience
- Ensure accountability and progress against agreed objectives

Supervision sessions also provide a safe and confidential space to discuss sensitive issues, including safeguarding concerns, staff conduct, and any worries about a child or a colleague's practice.

All staff and volunteers will receive regular, planned supervision sessions. These will take place in a suitable environment, with uninterrupted time allocated to ensure discussions are meaningful and effective.

Staff are encouraged to take an active role in supervision and may request additional sessions at any time if they feel further support is needed.

Where concerns arise about safeguarding or professional conduct, staff must follow the appropriate procedures, including raising concerns with management or referring to the nursery's Whistleblowing Policy where necessary.

The leadership team is responsible for ensuring that supervision is consistent, effective, and contributes to a strong safeguarding culture across the nursery.

## **Safeguarding Children with Special Educational Needs and Disabilities (SEND)**

The nursery recognises that children with Special Educational Needs and Disabilities (SEND) may face additional safeguarding challenges. These children may have an increased vulnerability to abuse due to factors such as communication difficulties, reduced ability to recognise risk, or reliance on others for care.

Children with SEND may experience barriers in communicating concerns or disclosing abuse. As a result, staff must take extra care to ensure that all children are supported to express their views, feelings, and experiences, and that their voice is heard, valued, and acted upon.

The nursery is committed to:

- Ensuring all children with SEND are supported to communicate in ways that are appropriate to their individual needs
- Creating an inclusive environment where children feel safe, respected, and listened to
- Providing additional support where required to enable children to share concerns

All staff must be aware that children with SEND can be disproportionately affected by safeguarding issues, including bullying, exploitation, and abuse.

Staff must:

- Remain vigilant to changes in behaviour, mood, or presentation
- Carefully consider any injuries, marks, or signs of distress
- Avoid making assumptions that behaviours or indicators are solely related to a child's disability or additional needs
- Recognise that indicators of abuse may be less obvious or may present differently

Safeguarding practice for children with SEND will be in line with statutory guidance, including the SEND Code of Practice 0 to 25 years and *Working Together to Safeguard Children (2026)*.

All concerns must be taken seriously and reported in line with the nursery's safeguarding procedures.

[SEND code of practice: 0 to 25 years - GOV.UK](#)

[Working together to safeguard children - GOV.UK](#)

## **Monitoring and Review**

# Safeguarding and Child Protection Policy



This policy has been developed in line with current safeguarding legislation and statutory guidance to ensure the nursery effectively safeguards and promotes the welfare of all children.

All staff must have access to this policy and are required to confirm that they have read, understood, and will adhere to its contents. This will be recorded as part of induction and ongoing compliance.

The Designated Safeguarding Lead (DSL) and management team are responsible for ensuring that this policy remains fully compliant with local safeguarding procedures set by the Local Safeguarding Children Partnership (LSCP), as well as national guidance.

The policy will be formally reviewed at least annually. In addition, it will be reviewed and updated immediately where necessary, including:

- Following any safeguarding or child protection concerns
- After any allegations against staff
- In response to changes in legislation or statutory guidance
- Following learning from serious case reviews or safeguarding practice reviews

The DSL will ensure that any updates are communicated clearly to all staff and that additional training or guidance is provided where required.

Regular monitoring will take place to ensure that safeguarding procedures are being implemented effectively in practice, and that staff remain confident and competent in their safeguarding responsibilities.

## **Specific Safeguarding Issues**

The nursery recognises that safeguarding concerns can take many forms. All staff and volunteers must be aware of specific safeguarding issues and respond to them in line with the nursery's safeguarding procedures.

## **Child Sexual Exploitation (CSE)**

Child Sexual Exploitation is a form of abuse where a child is manipulated, coerced, or forced into sexual activity in exchange for something such as food, accommodation, money, gifts, drugs, alcohol, or affection.

CSE can range from seemingly consensual relationships to serious organised crime involving groups or gangs. A key feature of CSE is an imbalance of power, where the perpetrator holds control over the child. This may involve coercion, intimidation, grooming, sexual bullying, or online exploitation.

Staff must be aware that:

- CSE can occur without obvious signs
- Children may not recognise they are being exploited
- It must be treated as a safeguarding concern, regardless of perceived consent

All concerns must be reported immediately to the Designated Safeguarding Lead (DSL).

## **'Honour'-Based Abuse (HBA)**

'Honour'-based abuse refers to a range of practices used to control behaviour within families or communities to protect perceived cultural or religious beliefs. This includes:

- Female Genital Mutilation
- Forced marriage
- Practices such as breast ironing

All forms of HBA are abuse and must be treated as such.

Staff must:

- Remain alert to indicators that a child may be at risk
- Not make assumptions based on cultural or religious background
- Report concerns immediately to the DSL

All cases will be managed in line with local safeguarding procedures and in partnership with relevant agencies.

## **Forced Marriage**

# Safeguarding and Child Protection Policy



Forced marriage is a form of abuse where one or both individuals do not consent to the marriage and pressure or abuse is used.

Staff must report any concerns to the DSL immediately. Advice can also be sought from the **Forced Marriage Unit**. [Forced marriage - GOV.UK](https://www.gov.uk/forced-marriage)

## Radicalisation and Extremism

The nursery recognises that exposure to extremist ideology can place children at risk of harm and impact their development and wellbeing.

Radicalisation is a safeguarding concern and may involve grooming processes similar to other forms of exploitation.

Staff will:

- Receive appropriate training to recognise vulnerability to radicalisation
- Report any concerns to the DSL without delay

The DSL will follow national guidance, including the Revised Prevent Duty Guidance, and refer to the Channel programme where appropriate.

## Child Criminal Exploitation (CCE) and County Lines

Child Criminal Exploitation occurs where a child is manipulated or coerced into criminal activity. This includes **County Lines**, where children are used to transport drugs or money between areas.

Key indicators may include:

- Going missing from home or care
- Unexplained money, gifts, or possessions
- Changes in behaviour or peer groups

CCE:

- Can affect any child
- May appear consensual but is exploitative
- Often involves coercion, intimidation, or violence

Referrals to appropriate services, including the National Referral Mechanism, should be considered where exploitation is suspected.

## Gangs and Youth Violence

Involvement in gangs or serious youth violence can place children at significant risk of harm. This may include links to:

- Criminal exploitation
- Child sexual exploitation
- Missing episodes

Children involved may be both victims and perpetrators.

Staff must remain vigilant and report concerns to the DSL, ensuring children receive appropriate support and protection.

## Domestic Abuse

Domestic abuse includes any incident or pattern of controlling, coercive, threatening, violent, or abusive behaviour between individuals aged 16 or over who are, or have been, intimate partners or family members.

This may include:

- Physical abuse
- Emotional or psychological abuse
- Sexual abuse
- Financial control

# Safeguarding and Child Protection Policy



Children who are exposed to domestic abuse are victims in their own right. Exposure can have a serious and long-term impact on their emotional wellbeing, development, and sense of safety.

Staff must be aware that:

- Children may blame themselves for abuse
- They may display behavioural or emotional difficulties
- Domestic abuse may also occur in young people's own relationships

All concerns must be reported to the DSL and managed in line with safeguarding procedures.

## Contextual Safeguarding

The nursery recognises that safeguarding risks to children may not always be confined to their home environment and can occur within the wider contexts of their lives. This is known as contextual safeguarding.

Contextual safeguarding considers the different environments in which children spend time, including:

- The local community
- Peer groups and friendships
- Online environments
- Public spaces and places outside the home

The nursery understands that these contexts can influence a child's safety and wellbeing, and that harm can occur outside of the family setting. Risks may include exploitation, bullying, criminal activity, or exposure to harmful behaviours.

Staff must be aware that:

- Children can be vulnerable to harm in different social contexts
- Peer relationships can present safeguarding risks, including peer-on-peer abuse
- Online environments can expose children to inappropriate content, grooming, or exploitation

The nursery will:

- Work in partnership with parents, carers, and external agencies to understand and reduce risks
- Share relevant information with appropriate agencies where concerns arise
- Support children to develop awareness of personal safety in an age-appropriate way
- Ensure staff are trained to recognise contextual risks and respond appropriately

All concerns relating to contextual safeguarding must be reported to the Designated Safeguarding Lead (DSL), who will assess the risk and take appropriate action, including referrals where necessary.

Safeguarding responses will consider not only the individual child, but also the wider environment and any risks present within it.

## Key Principle

All specific safeguarding issues must be treated as child protection concerns. Staff must not investigate but must record and report concerns immediately. Early identification and timely action are critical to protecting children from harm.

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