



Safeguarding & Child Protection Policy

1. Safeguarding Commitment & Principles

Snug Nursery Schools are committed to safeguarding and promoting the welfare of all children. Children learn best when they are safe, secure and their individual needs are met. Safeguarding underpins all practice, decisions and procedures.

We are uncompromising in our commitment to:

- Protecting children from abuse, neglect and exploitation
- Creating a culture where concerns are raised and acted upon
- Maintaining professional boundaries and safe working practices
- Working in partnership with parents and external agencies

How Safeguarding Works in Practice at Snug Nursery Schools

- Safeguarding is embedded in everyday practice
- Staff are confident to raise concerns immediately
- Leaders respond promptly, share information appropriately and reflect on practice
- Children are treated with dignity, feel safe, and know trusted adults will help them

All staff receive safeguarding and child protection training at induction and at least annually.

Safeguarding practice is child-centred and considers the needs, voice and lived experiences of each child. We recognise that safeguarding includes risks to unborn children and that early help and whole-family support are essential in preventing harm. We are committed to working collaboratively with other professionals and agencies, sharing information in a timely, lawful and proportionate way to safeguard children.

Shared Safeguarding Statement

Safeguarding is everyone's responsibility. At Snug Nursery Schools, safeguarding underpins all aspects of practice, including inclusion, behaviour and SEND. All staff have a duty to act in the best interests of the child, to remain professionally curious, to recognise and respond to concerns promptly, to record and escalate concerns appropriately, and to work in partnership with parents and external agencies. Children's welfare, dignity and safety are always our highest priority.

2. Legal & Statutory Framework

This policy is informed by:

- The Early Years Foundation Stage (EYFS)
 - Safeguarding and Welfare Requirements
 - Working Together to Safeguard Children (2026)
 - Keeping Children Safe in Education
 - Prevent Duty (Counter-Terrorism and Security Act 2015)
 - Female Genital Mutilation Act 2003 (as amended by the Serious Crime Act 2015)
 - Local Safeguarding Children Partnership (LSCP) guidance
 - Ofsted Early Years Inspection Framework
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3. Safeguarding Roles & Responsibilities

Designated Safeguarding Lead (DSL)

The DSL oversees safeguarding and child protection, including online safety, which is managed through filtered devices, supervised access, clear staff rules and reporting procedures

Deputy DSLs

Deputies are trained to the same level and can act in the DSL's absence.

All safeguarding leads are clearly identified on posters positioned on the safeguarding boards within the nurseries.

4. Types of Abuse & Indicators

Staff are trained to recognise:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Fabricated or Induced Illness (FII)
- Domestic abuse
- Child Sexual and Criminal Exploitation (CSE/CCE)
- Female Genital Mutilation (FGM)
- Extremism and Radicalisation (Prevent Duty)
- Online harm
- Mental health concerns
- Coercive control and controlling or abusive behaviour within families or relationships

- Child-on-child abuse, including harmful sexual behaviour and abusive relationships

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) is a form of child abuse and violence against women and girls. It involves procedures that intentionally alter or injure female genital organs for non-medical reasons. FGM is illegal in the UK.

FGM is most commonly carried out on girls between infancy and age 15 and may take place in the UK or abroad. It must never be viewed as a cultural or religious practice.

Staff must be alert to indicators that a child may be at risk, including:

- Planned or extended holidays abroad
- Talk of a special ceremony or celebration
- Family history of FGM
- Anxiety, unexplained absence or withdrawal

Mandatory Reporting Duty

Where staff discover that FGM appears to have been carried out on a girl under 18, this must be reported immediately:

- Inform the DSL without delay
- The police must be contacted via 101 (or 999 if immediate risk)
- Children's Services will be notified

Concerns that a child may be at risk of FGM must be reported to the DSL immediately and managed through safeguarding referral procedures.

The Prevent Duty

Under the Counter-Terrorism and Security Act 2015, Snug Nursery Schools have a statutory duty to prevent people from being drawn into terrorism. This duty forms part of our wider safeguarding responsibilities.

We promote British Values through age-appropriate practice and provide an inclusive environment where children feel safe, respected and listened to.

Staff are trained to recognise vulnerabilities that may include:

- Exposure to extremist views or materials
- Changes in behaviour or language causing concern
- Intolerance of others or fixation on extremist narratives

Any concern regarding possible radicalisation must be reported immediately to the DSL.

The DSL will assess concerns and, where appropriate:

- Seek advice from the Local Authority
- Make referrals to Children's Services or the Channel Programme

Information is shared proportionately and in line with safeguarding and data protection requirements and in the interests of protecting a child.

5. Reporting Safeguarding Concerns

All concerns about a child, adult or practice must be reported to the DSL or Deputy DSL.

If You Are Worried About a Child, You Must:

- Act immediately
- Listen carefully and reassure the child
- Never promise confidentiality
- Record concerns factually and accurately
- Complete body maps where injuries are observed
- Report to the DSL or Deputy DSL without delay

The DSL will decide on next steps, including referral to the Single Point of Access (SPA), Children's Services or the police.

All staff are encouraged to contact the SPA or LADO (Local Authority Designated Officer) independently if they feel their concerns have not been taken seriously by the DSL or deputy DSLs.

6. Recording & Documentation

Safeguarding records must be:

- Factual, accurate and timely
- Signed and dated
- Stored securely

Accurate recording ensures patterns are identified, concerns are escalated promptly, and children receive timely protection and support.

Records include:

- Child's full name and date of birth
 - Date and time of observation or disclosure
 - Exact words used in description and location of injuries
 - Actions taken and by whom
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7. Non-Mobile Children

A non-mobile child is one who is not independently mobile. Any injury observed on a non-mobile child is a significant safeguarding concern and must never be assumed to be accidental.

If an injury is identified:

- Record immediately using a body map
- Complete an Accident at Home form where relevant
- Report immediately to the DSL

No injury to a non-mobile child may be dismissed or delayed.

8. Children at Higher Risk of Harm

All children have a right to be safe; however, safeguarding regulations recognise that some children may be at higher risk of harm and require increased vigilance and support.

This includes, but is not limited to:

- Babies and very young children
- Children with special educational needs and/or disabilities (SEND)
- Children who are non-verbal or have limited communication
- Children living with domestic abuse
- Children experiencing neglect
- Children with poor, irregular or unexplained attendance
- Looked after and previously looked after children
- Children affected by parental mental health difficulties, substance misuse, criminal activity, housing instability or poverty
- Children with English as an additional language where communication barriers or isolation increase vulnerability

Risk may be cumulative and change over time. Staff are expected to know children well, monitor patterns of concern, respond promptly to changes in behaviour or presentation, follow up absences, and share concerns in line with safeguarding procedures.

Early identification, professional curiosity and timely action are essential to protecting children from harm.

9. Intimate Care & Nappy Changing

Intimate care is treated as a safeguarding-sensitive activity.

Staff Responsibilities

- Only staff with an enhanced DBS may carry out intimate care
- Staff awaiting DBS clearance must not undertake intimate care
- Wherever possible, the child's key person carries out nappy changing

Procedures

- Children are never left unattended

- PPE is worn for every change
- Changing mats are cleaned between children
- Staff explain procedures to children

Recording

- Nappy changes and toileting routines are recorded on Ovivio
 - Parents are informed of changes, accidents and concerns
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10. Hygiene, Dignity & Promoting Independence

Children's dignity and privacy are respected while maintaining safe visibility. Toileting and independence are encouraged in a calm, positive and pressure-free manner.

11. Lone Working

Lone working is avoided wherever possible. Where unavoidable:

- EYFS ratios are always maintained
- Risk assessments are completed
- Staff must inform management and use agreed check-in arrangements
- Nursery radios and emergency contacts must be accessible

Lone working must never compromise safeguarding or child welfare.

12. Supervision of Visitors & Site Security

All visitors must:

- Sign in and out
- Wear a visitor badge
- Be supervised at all times
- Leave mobile phones at reception

Visitors must never be left alone with children unless pre-arranged, authorised and risk assessed.

All external doors are kept locked. Staff must challenge strangers and ensure secure access at all times.

13. Behaviour Expectations for Visitors

Snug Nursery Schools operate a zero-tolerance approach to:

- Threatening or aggressive behaviour

- Harassment or discrimination

Visitors may be asked to leave and the police contacted where necessary.

14. Safe Working Practices

Staff must:

- Maintain professional boundaries
- Work in visible areas
- Avoid unnecessary physical contact
- Avoid unauthorised lone working
- Not use personal devices in childcare areas

Staff are expected to demonstrate professional curiosity. We do not accept explanations at face value where concerns remain and will respectfully challenge staff where necessary in the best interests of the child.

15. Partnership with Parents

We work openly and respectfully with parents, explaining safeguarding responsibilities and procedures. Parents are usually informed of concerns unless doing so increases risk.

16. Early Help Referrals

Early Help is used to support children and families as soon as concerns emerge, before difficulties escalate and safeguarding thresholds are reached.

We consider an Early Help referral when a child or family:

- Has emerging or multiple needs that are impacting the child's wellbeing, development or attendance
- Requires additional support beyond what universal services can provide
- Would benefit from coordinated multi-agency support to prevent concerns from worsening

This may include concerns relating to:

- Poor or irregular attendance
- Developmental delay or unmet additional needs
- Behavioural or emotional difficulties
- Parenting challenges or family stress
- Domestic abuse where risk is assessed as low-level but ongoing
- Parental mental health difficulties or substance misuse
- Housing, financial or social difficulties affecting the child

Early Help is not a safeguarding referral but is used where there is no immediate risk of significant harm. If at any point concerns indicate a child may be at risk of significant harm, we follow child protection procedures and make a referral to children's social care immediately.

We take a whole-family approach, recognising that children's wellbeing is closely linked to family circumstances. Where appropriate, this includes providing support during pregnancy to safeguard unborn children.

Where appropriate, Early Help referrals are made with parental consent and in partnership with families, placing the child's needs at the centre of all decisions.

17. Allegations Against Staff & Whistleblowing

All allegations against staff or volunteers must be reported immediately to the Nursery Manager and DSL and managed in line with LADO guidance. Ofsted will be notified within 14 days.

Whistleblowing is a key safeguarding responsibility and supports a culture of openness, accountability and professional integrity.

All staff have a duty to raise concerns where they believe:

- A child may be at risk of harm
- Safeguarding procedures are not being followed
- Unsafe, unethical or illegal practice is occurring
- Concerns are being ignored, minimised or concealed

Safeguarding concerns:

- Must always be acted upon immediately
- Should be raised promptly with the Nursery Manager or DSL
- Can be escalated externally where internal reporting is not appropriate or concerns have not been addressed including the Local Authority, LADO, Ofsted and the NSPCC Whistleblowing Advice Line

Where the concern relates to the Nursery Manager, staff must contact the nursery owner directly.

Staff who raise concerns will be supported and protected from victimisation or detriment.

Low-Level Concerns

- Relate to behaviour that does not meet the threshold for immediate safeguarding action but may indicate emerging risks, boundary issues or suitability concerns
- Are not insignificant and must be shared, recorded and reviewed to prevent harm
- Are monitored through supervision, appraisal and leadership oversight

Examples may include:

- Unprofessional or inconsistent behaviour
- Inappropriate language, tone or conduct
- Over-familiarity with children or families

- Poor professional boundaries
 - Conduct outside work that may raise concerns about suitability
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18. Monitoring, Review & Compliance

Safeguarding practice is actively monitored, reviewed and strengthened through:

- Supervision and appraisal
- Review of safeguarding records and patterns
- Incident reviews and reflective practice
- Staff feedback and training updates

Safeguarding training includes awareness of FGM, the mandatory reporting duty, and the Prevent Duty. Staff are confident to identify concerns, act promptly and follow safeguarding procedures in the best interests of the child.

This policy is:

- Reviewed annually
- Updated in line with EYFS and safeguarding guidance
- Monitored through supervision, training and audits

Safeguarding practice is continually improved in response to learning, reflection and national guidance.

Failure to follow this policy may result in disciplinary action. Failure to follow this policy may result in disciplinary action.

This policy reflects current national safeguarding guidance, including Working Together to Safeguard Children (2026), and is updated in response to legislative and statutory changes.

19. Safeguarding Contacts

SPA: 01628 683150

SPA Out of Hours: 01344 786543

LADO: 07774 332675

NSPCC: 0808 800 5000

Ofsted: 0300 123 1231

Emergency Services: 999

Policy date: March 2026

Next review: March 2027

Appendix 1

Education Inspection Framework (EIF)

Intent – Implementation – Impact Summary

Intent (*Why*)

At Snug Nursery Schools, our intent is to ensure that all children are protected from harm, feel safe, are treated with dignity and are supported to thrive. Safeguarding is the foundation of all practice and decision-making and underpins the culture, ethos and daily operation of the nursery.

We aim to:

- Protect children from abuse, neglect and exploitation
- Create a culture where safeguarding is everyone's responsibility
- Ensure children feel safe, listened to and supported
- Promote professional curiosity and challenge where concerns arise
- Act swiftly and effectively when safeguarding concerns are identified
- Work in partnership with parents, carers and external agencies

Leaders set high expectations and ensure safeguarding is prioritised, understood and consistently applied across the setting.

Implementation (*How*)

Our safeguarding intent is realised through robust systems, confident staff and strong leadership oversight.

- Safeguarding is embedded in everyday practice, routines and interactions
- Staff receive safeguarding and child protection training at induction and at least annually
- Designated Safeguarding Leads (DSLs) and Deputy DSLs are clearly identified and trained to the same high standard
- Clear procedures are in place for recognising, recording and reporting concerns
- Staff are confident to raise concerns immediately and know they will be listened to and supported
- Accurate, timely and secure record-keeping enables patterns and risks to be identified
- Specific safeguarding risks, including non-mobile children, intimate care, online safety and lone working, are clearly addressed
- Professional boundaries and safe working practices are consistently upheld
- Leaders share information appropriately and liaise effectively with external agencies

Safeguarding practice is monitored through supervision, audits, training updates and reflective practice.

Impact (*What difference it makes*)

As a result of this strong safeguarding culture:

- Children feel safe, secure and confident in the care of trusted adults
- Children's welfare and dignity are protected at all times
- Safeguarding concerns are identified early and acted upon promptly
- Risks are reduced through proactive, informed and reflective practice
- Children know they will be listened to and supported
- Parents have confidence in the setting's safeguarding arrangements
- Staff demonstrate vigilance, professional curiosity and accountability
- Safeguarding arrangements are effective and meet statutory requirements

Leaders can clearly evidence the impact of safeguarding practice through records, staff confidence, effective multi-agency working and positive outcomes for children.

Appendix 2

Safeguarding Policy Update Log

Date of update	Update	Updated by
20.03.2026	Updated Statutory Guidance to 2026 Inclusion of Unborn Children Added reference to: <ul style="list-style-type: none">• Coercive control and controlling behaviour• Child-on-child abuse and harmful relationships	J.Higgs