Safe-Guarding and Child Protection Policy and Procedures

The term safeguarding incorporates a range of measures including child protection procedures. It encompasses a preventative approach to keeping children safe that incorporates child health and safety; behaviour and preventing bullying; supporting children with medical conditions; personal, health, social economic education; providing first aid and site security.

Consequently, this policy is consistent with all other policies adopted by the committee of the playgroup and should be read in alongside the following policies:

Prevent Policy

E safety

ICT and Mobile technologies policy

Photography Policy

Behaviour Management Policy

Child friendly anti bullying

Whistleblowing policy

Complaints

Staff Code of Conduct

Physical Conduct Code.

Data Protection Policy

Lost Child Policy

Disciplinary policy

Recruitment Policy

Attendance policy

Allergy policy

Food and drink policy

Health and safety policy

Screen time policy

Policy Statement

Box Preschool playgroup staff and the committee are advised to maintain an attitude of 'it could happen here". Our Pre-School wants to work with children, parents and the community to ensure the safety of all children and to give them the very best start in life. As an early years setting we play a crucial role in early identification of safeguarding concerns and in providing consistent, trusted relationships for children and families.

The CHILD'S welfare is paramount.

Our aims are to:

1. Create an environment which encourages children to develop a positive self-image, regardless of race, language, religion, culture or home background.
2. Help children to establish and maintain satisfying relationships within their families, peers and other adults.
3. Encourage children to develop a sense of autonomy and independence.
4. Enable children to have the self-confidence and the vocabulary to resist inappropriate approaches.
5. Work with parents to build their understanding of and commitment to the welfare of all our children.
6. We are committed to anti-discriminatory and anti-racist safeguarding practice. We recognise that bias, discrimination, and inequality can impact children's safety and access to support. Staff will actively reflect on their own assumptions and ensure that all safeguarding decisions are fair, proportionate and equitable. We recognise that some children and families may face additional barriers due to factors such as race, disability, poverty, language or social exclusion.

The legal framework for these aims is taken from the following publications:
Working Together to Safeguard Children (2026)
Family Help Framework (2026 guidance)
Multi-Agency Safeguarding Arrangements (2026)

Keeping Children Safe in Education (2026)
The procedures of the Safeguarding Vulnerable People Partnership
The Information Sharing Duty (2026)
The Children Acts 1989 and 2004
The Protection of Children Act 1999
The Children (NI) Order
The Children (Scotland) Order
The Rehabilitation of Offenders Act
Human Rights Act 1998
Data Protection Act 2018
The Education Act (2002)
Sexual Offences Act (2003)
The Equality Act (2010)
Counter-Terrorism and Security Act 2015 (the CTSA 2015),
The Escalation policy for dispute resolution 2014 - SVPP
Multiagency Statutory Guidance on Female Genital Mutilation – (April 2016)
SVPP Multi agency Threshold Guidance – for children and families in need of help and support (2024)
SVPP Case Resolution Protocol
EYFS Statutory Framework - 2026

Definition of Safeguarding
Safeguarding and promoting the welfare of children is defined as:

- protecting children from maltreatment;

- preventing impairment of children's mental and physical health or development;
- ensuring that children grow up in circumstance consistent with the provision of safe and effective care;
- taking action to enable all children to have the best outcomes.
- Safeguarding includes the protection of **unborn children**, and concerns identified during pregnancy will be referred to appropriate services in line with local procedures.

Definitions of abuse and neglect

Abuse is defined as a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults or by another child or children. All adults who work or volunteer with children should be able to identify concerns about child abuse. The four types of abuse are:

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

Emotional abuse- the persistent emotional maltreatment of a child such as to cause severe and 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 cyberbullying), 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, although it may occur alone.

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. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. The sexual abuse of children by other children is a specific safeguarding issue in education

Neglect -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, for example, as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate care-givers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Specific safeguarding issues and Contextual Safeguarding: Box Pre School Playgroup recognises other safeguarding issues: Contextual Safeguarding, Child Sexual Exploitation, Female Genital Mutilation, bullying (including cyber-bullying), domestic violence, drugs, fabricated or induced illnesses, faith abuse, forced marriage, gangs and youth violence, gender-based violence/violence against women and girls, mental health, radicalisation, sexting, teenage relationship abuse, trafficking.

We will endeavour to identify and act upon any forms of abuse according to our procedures.

Multi Agency Working

We recognise the three safeguarding partners (Local Authority, Health, and Police) and our role in working effectively with them.

We will not only share information but actively contribute to multi-agency plans and decision-making.
We will escalate concerns where:
• there is disagreement between professionals
• responses from other agencies are not timely or effective
Our focus is on improving outcomes for children, not just completing processes.
We understand that sharing information may be required for family help, prevention and unmet need, without waiting for a child protection threshold.

Notifications to Ofsted

We notify the registration authority (Ofsted) of any incident or accident or changes in our arrangements, which affect the wellbeing of the children.

We will inform Ofsted of any allegation of harm or abuse by anyone living, working or looking after children at the premises. This applies whether the alleged harm or abuse occurred on the premises or elsewhere, including on an outing or visit. We will also notify Ofsted of the action taken in response to the allegation. Notification will be made as soon as reasonably practicable and, in every case, within 14 days of the allegation being made.
For this purpose, harm includes ill-treatment, including sexual abuse and non-physical ill-treatment; impairment of physical or mental health; impairment of physical, intellectual, emotional, social or behavioural development; and impairment suffered from seeing or hearing the ill-treatment of another.
We will also notify Ofsted where applicable, of any serious accident, illness or injury to, or death of, a child while in its care and of the action taken, as soon as reasonably practicable and within 14 days.
We have procedures for contacting the local authority on Child Protection issues, including maintaining a list of telephone numbers of social workers, to ensure that it is easier in an emergency, for ourselves and the social services to work well together. (see flow charts attached appendix 2)
We work with regard to the local authority 'escalation policy' (copy attached) should we be unhappy regarding a decision made by another agency.
Records of the local NSPCC contacts are also kept.
If a report is to be made to the authorities, we act within the Area Child Protection guidance in deciding whether we must inform the child's parents/carers at the same time.

Staffing, volunteering, safer recruitment and training:
Our designated lead person who co-ordinates Child Protection issues is:

The Designated Safeguarding Lead (DSL) is Yvonne Jenkinson (Supervisor)

The Deputy Designated Safeguarding Lead (DDSL) is Sarah Vick (Deputy Supervisor)

The chair represents the committee.

The DSL and deputy receive enhanced safeguarding training covering local procedures, on line safety, preventing and managing allegations with refresher training every two years. All staff receive safeguarding training at induction and **regular updates at least annually** in line with current statutory guidance (see appendix 3 for training criteria). Training will include anti-discriminatory practice, recognising extra-familial harm understanding and the Family Help approach.

Training for DSL and Deputy DDSL is via face to face refresher courses with the local authority and updates three times a year.

Training for staff is delivered in the following ways:

- Induction – briefing and reading policies with DSL
- Individual training – usually on line meeting the criteria set out in appendix 3
- Whole setting training by DSL – looking at updated legislation, case studies from serious case reviews.

Staff are supported to put training into practice in the following ways:

- Termly supervisions sessions where they can discuss safeguarding concerns confidentially.
- Scenarios are also discussed at staff meetings.
- Safeguarding information is displayed in the playroom

The lead or deputy is always available during opening times to discuss safeguarding issues with staff. However, in exceptional circumstances, if the designated safeguarding lead (or deputy) is not available, this should not delay

appropriate action being taken. Staff should consider taking advice from local children's social care. In these circumstances, any action taken should be shared with the designated safeguarding lead (or deputy) as soon as is practically possible.

We provide adequate and appropriate staffing resources to meet the needs of the children. All staff have a responsibility towards upholding safeguarding and have an attitude of "it could happen here." The designated lead or deputy is available during opening times should staff need to discuss a safeguarding issue.

Safer recruitment checks and suitability

Applicants for available posts within the setting are clearly informed that the positions are EXEMPT from the Rehabilitation of Offenders Act 1974 subject to the statutory rules on protected convictions and cautions. The setting follows safer recruitment procedures and records completed recruitment and vetting checks.

Before appointment, the setting obtains at least one satisfactory written reference and completes identity, qualification, employment history, right-to-work, health and suitability checks appropriate to the role. Required enhanced criminal records checks and children's barred list checks must be received and considered before any employee begins work or any volunteer begins volunteering. Where Ofsted is responsible for determining a person's suitability, that person must not begin the relevant role or be counted in ratios until the setting has received confirmation or a letter of suitability, where applicable.

The requirement for enhanced criminal records and children's barred list checks applies to staff and to volunteers aged 16 and over, including volunteers who are supervised, where their activity falls within the statutory checking requirements. It also applies to any other person aged 16 or over who works directly with children, or who lives or works on premises used for childcare, subject to the statutory exceptions about access to the childcare area and presence while children are cared for. Supervised volunteers who only help occasionally, such as a parent or carer helping on a day trip, are handled in

accordance with the limited statutory exception; that exception does not apply to overnight activity or personal care.

No person whose suitability has not been checked may have unsupervised contact with children. The setting records staff qualifications and completed identity checks, vetting, references and criminal-record checks, including the check reference number, date obtained and the person who checked it. Where a check or disclosure raises information, the setting makes and records a proportionate suitability decision before appointment or continued deployment.

Staff and prospective staff suitability disclosures

All staff and prospective staff must disclose promptly any information that may affect their suitability to work with children. This includes, but is not limited to, arrests, charges, convictions, cautions, court orders, reprimands and warnings received before or during employment at the setting, except convictions or cautions protected for the purposes of the Rehabilitation of Offenders Act 1974.

Staff must also disclose any other event or information that may affect their suitability, including disqualification or a restriction relevant to childcare. Existing staff must make disclosures without delay. The setting will assess the information, take appropriate safeguarding and employment action, keep an appropriate record, and notify Ofsted where required.

We abide by the Protection of Children Act requirements in respect of any person who is dismissed or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern. We will inform the Disclosure and Barring service of any staff/volunteer who resigns or is dismissed following a child protection concern.

We have procedures for recording the details of visitors to the setting who complete a signing in/out process and are given a visitors badge which includes safeguarding information.

We take security steps to ensure that we have control over who enters the setting so that no unauthorised person has unsupervised access to the children. Visitors are given a statement to read on entry to playgroup which asks them

not to bring mobile phones into the setting or to give them to the supervisor to store in the cupboard; and not to enter the toilet area without letting a member of staff know. A member of staff will be present in the toilet area if a visitor is using the facilities.

Where a parent or relative of a child receives a caution/conviction against children (or ex nursery staff), on the sex offenders register and therefore is disqualified from contact with or working with children, we do not allow them to enter the premises and we place an imaginary 10-meter perimeter around the area.

Role and Responsibility of the Designated Lead Person

- act as a point of contact with the three safeguarding partners;
- as required, liaise with the "case manager" and the designated officer(s) at the local authority for child protection concerns in cases which concern a staff member;
- liaise with staff on matters of safety and safeguarding (including online and digital safety) when deciding whether to make a referral by liaising with relevant agencies; and

- Act as a source of support, advice and expertise within the education establishment when deciding whether to make a referral by liaising with relevant agencies.
- To recognise how to identify signs of abuse and when it is appropriate to make a referral.
- Have a working knowledge of how local safeguarding partners operate, the conduct of a child protection conference and be able to attend and contribute to these effectively when required to do so.
- Ensure each member of staff has access to and understands the playgroup's child protection policy.
- Ensure all staff have induction training covering child protection and are able to recognise and report any concerns immediately they arise.
- Be able to keep detailed accurate secure written records of referrals and concerns.
- Obtain access to resources and attend any relevant or refresher multi-agency training courses at least every two years.

Role of staff

All staff are:

- familiar with this safeguarding policy and have an opportunity to contribute to its review.
- alert to signs and indicators of possible abuse.
- able to record and report concerns as set out in this policy.
- able to deal with a disclosure of abuse from a child.
- involved in the implementation of individual support plans, integrated support plans, child in need plans and interagency child protection plans as required.

Professional Curiosity

Staff will demonstrate professional curiosity by respectfully questioning and exploring concerns, rather than accepting explanations at face value. This helps ensure that children's lived experiences are fully understood.

Role of Committee

As key strategic decision makers and vision setters for the playgroup, the committee will work closely with designated lead to make sure that our policies and procedures are in line with national and local safeguarding requirements. The publication Working together to safeguard children states "charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it". The committee will receive regular safeguarding reports and provide oversight to ensure safeguarding arrangements are effective and improving outcomes for children.

Statutory Assessments

Where a child is suffering, or is likely to suffer from harm, it is important that a referral to children's social care (and if appropriate the police) is made immediately. Staff should follow Wiltshire SVPP referral process – see appendix 2 flow chart

Record keeping

In accordance with KCSIE and The Information Sharing Duty:

- All safeguarding concerns, disclosures, and allegations are recorded promptly and accurately
- Records of request and the reasons to share information or withhold or limit information are recorded promptly and accurately
- Records are factual, dated, signed, and written in clear, professional language
- Original records are never altered; any updates or actions are clearly recorded with dates and names
- Safeguarding records are stored securely and accessed only by the Designated Safeguarding Lead (DSL) and those authorised by them

Where a child transfers to another setting or school, safeguarding records are transferred securely and separately, as soon as possible, and confirmation of receipt is obtained.

Child absences – see also attendance policy

Absences will be followed up in a timely manner. If a child is absent for a prolonged period of time, or if a child is absent without notification from the parent or carer, we will contact the child's parents and/or carers and alternative emergency contacts. We will consider patterns and trends in a child's absences and their personal circumstances and use our professional judgement when deciding if their absence should be considered as prolonged. Consideration will be given to the child's vulnerability, parent's and/or carer's vulnerability and their home life. Any concerns will be referred to local children's social care services and/or a police welfare check requested. Where possible we will hold more than two emergency contact numbers for each child.

Paediatric First Aid Training

We select a competent first aid trainer to deliver our PFA training.

Safer Eating

Whilst children are eating there will always be a member of staff in the room with a valid paediatric first aid certificate.

Before a child is admitted to our setting we will obtain information about any special dietary requirements, preferences, food allergies and intolerances that

the child has, and any special health requirements. This information will be shared with all staff involved in the preparing and handling of food. Checks are made at snack time and a log completed to confirm that the food being provided meets all the requirements for each child.

We will have ongoing discussions with parents and/or carers and, where appropriate, health professionals to develop allergy action plans for managing any known allergies and intolerances. This information will be kept up to date and shared with staff. All staff are aware of the symptoms and treatments for allergies and anaphylaxis, the differences between allergies and intolerances and that children can develop allergies at any time.

We will prepare food in a way to prevent choking following the guidance from the government: Food safety - Help for early years providers - GOV.UK (education.gov.uk)

Children will remain seated whilst eating and an appropriately sized low chair may be used if needed. Distractions during meal times will be minimised.

Children will always be within sight and hearing of a member of staff whilst eating to be alert to choking and food sharing. If a child experiences a choking incident that requires intervention, we will record details of where and how the child choked and parents and/or carers made aware. We will review the records periodically to identify if there are trends or common features of incidents that could be addressed to reduce the risk of choking.

Toileting and privacy

We will consider children's privacy when changing nappies and toileting and balance this with safeguarding and support needs.

Whistleblowing – see whistleblowing policy

Disciplinary Action: (see also disciplinary policy)

ALLEGATION AGAINST A STAFF MEMBER

Any allegation of abuse made against a member of staff, student placement or volunteer within Box Pre-School will be dealt within working day and reported to the Designated Officer (LADO) for Allegations at the Integrated Front Door (see flow chart). It should be done in a way that provides effective protection

for children and at the same time supports the person who is the subject of the allegation.

All staff and volunteers should understand what to do if they receive an allegation against another member of staff or they themselves have concerns about the behaviour of another member of staff. It is our policy that all allegations will be reported straight away, to the DSL/DDSL.

This action will be used in respect of all cases in which it is alleged that a member of staff (including a volunteer, student) has:

• behaved in a way that has harmed a child, or may have harmed a child;

• possibly committed a criminal offence against or related to a child; or

• behaved towards a child or children in a way that indicates s/he is unsuitable to work with children. This will include cases of verbal abuse.

There may be up to 3 strands in the consideration of an allegation:

• a police investigation of a possible criminal offence;

• enquiries and assessment by children's social care about whether a child is in need of protection or in need of services;

• consideration by the preschool of disciplinary action in respect of the individual.

Where a member of staff or volunteer is dismissed or internally disciplined because of misconduct relating to a child, we notify OFSTED, our Local safeguarding partner and Disclosure and Barring Service who will consider whether the individual should be added to the barred list.

Safer Working Practices

We refer to the SVPP *Social Networking policy* 2015 in relation to:

-Safer social media practice including personal use

- Confidentiality

- Social contact
- Access to inappropriate images
- Internet usage using setting's equipment
- Cyberbullying –if the staff is a victim

Planning:
The lay out of the playroom allows for constant supervision. Where children need to spend any time away from the group the door is left ajar.

Curriculum:
We introduce key elements of child protection into our early years curriculum, so that children can develop an understanding of why and how to keep safe.

We create a culture of respect and value for each individual.

We ensure that this is carried out in a way that is appropriate for the ages and stages of our children.

Complaints:
We ensure all parents know how to complain about staff or volunteer action within the setting, which may include an allegation of abuse.

We acknowledge that abuse of children can take different forms-physical, emotional, sexual and neglect.

When children suffer from physical, emotional or sexual abuse this may be demonstrated through changes in their behaviour and/or their play. Where such changes occur or where their play gives cause for concern, we will respond and refer accordingly. We will also contact the Duty Social Worker for advice on an informal basis.

Where a child shows signs and symptoms of "failure to thrive" or neglect, we will make appropriate referrals.

Any allegation of abuse against a member of staff, committee members or volunteers MUST be referred to the designated officer (LADO) at the Integrated Front Door. We follow all the disclosure and recording procedures

but we do not have the power to investigate ourselves. Please see the attached flow chart which is displayed on the parent's and staff noticeboard. Allegations should be reported to the designated lead, Yvonne Jenkinson. If there is an allegation against this person then allegations should be made to the deputy lead, Sarah Vick, or the Chair of the Committee. The telephone number for LADO is 0300 456 0108 and 0300 456 0100 out of hours.

We allow investigation to be carried out with sensitivity. Staff take care not to influence the outcome either through the way they speak to or ask questions of the children. (See also our whistleblowing policy.)

Disclosures:

Recording Suspicions of Abuse and Disclosures:

The staff follow the do's and don'ts guidelines (see appendix 1)
Staff make a record of and use the child protection concerns sheet to record concerns or incidents and to respond to a disclosure. This is then passed onto the DSL/DDSL.

The forms include:

- The child's name, age and address.
- The date and time of the observation or disclosure.
- An objective record of the observation or disclosure.
- The exact words used by the child.
- A body map
- The name of the person to whom the concern was reported, with date, time and names of any other people present.
- These records are signed and kept in a separate confidential file.
- All members of staff know the procedures for recording and reporting.

Voice of the Child and Family

The voice and lived experience of the child are central to our safeguarding practice. We will ensure children are listened to and their views inform decision-making.

We will also work in partnership with families, ensuring their views are considered wherever it is safe and appropriate to do so.

Information Sharing to safeguard and promote children's welfare

At Box Pre-School Playgroup, we recognise that timely, appropriate information sharing is essential to safeguarding children, promoting their welfare and identifying unmet needs early. We will work openly and effectively with children's social care, the police, health professionals, safeguarding partners, Family Help services and other relevant practitioners, in accordance with applicable law and local safeguarding procedures.

We will share information whenever we hold information about a child, or another person connected to a child, that may be relevant to the child's safety, welfare or support needs. This may include emerging, contextual, historical or pattern-based information, including information that may help another practitioner assess need, understand risk, make a decision, provide support or take action. Information may be relevant even where a child protection threshold has not been met and there is no evidence of significant harm. We will not delay sharing solely because concerns are at an early stage or because a family is not already known to services.

Requests for information and proactive sharing

We will consider relevant information-sharing requests promptly and will not assume that information can only be shared following a formal child protection referral. We will also share relevant information proactively where this may help safeguard or promote a child's welfare. If a request is unclear, we may ask the requestor to explain the safeguarding purpose, the function the information will support, and the information needed. This must not cause an avoidable delay where a child may be at risk.

The Designated Safeguarding Lead (DSL), or the Deputy DSL where appropriate, will normally coordinate decisions and information sharing. However, staff must take immediate action and contact children's social care or the police where necessary if a child may be suffering, or likely to suffer, harm;

they must not wait for the DSL to become available. Staff will inform the DSL or Deputy DSL as soon as practicable after urgent action.

Consent, openness and confidentiality

We will explain to parents/carers, in a sensitive way and where it is safe to do so, why information may be shared, what information is likely to be shared, with whom and for what purpose. We will listen to and acknowledge their concerns. We will not imply that sharing is optional where a legal duty or other lawful safeguarding basis means that we must share.

We understand that consent is not required to share information for safeguarding and welfare purposes where the child's welfare is at risk. We will inform the family of what information will be shared unless informing the family could increase risk, undermine safeguarding action or otherwise be unsafe. Under these circumstances we may delay or withhold that explanation and will record the reasons.

We will handle information confidentially and securely, but confidentiality will not be treated as an automatic barrier to appropriate safeguarding information sharing. We will only share information with appropriate recipients and by secure methods.

Proportionate and safe sharing

Before sharing, we will consider: (a) relevance to the child's safety or welfare; (b) whether sharing may help the recipient carry out safeguarding or welfare functions; and (c) whether sharing would be more detrimental to the child than not sharing, and whether the risk can be reduced. We will share information that is relevant, adequate and necessary for the safeguarding purpose, and no more than is necessary.

The exception for deciding not to share because disclosure would be more detrimental to the child than not disclosing is expected to be rare. It must be based on the child's welfare and professional judgement, not simply on lack of consent, parental objection, concern about criticism, uncertainty, or a general reference to data protection. Where possible, we will reduce risk by limiting particular details, sharing with a more restricted group of professionals, or

using a safer method. We will record the decision, the reasons, what was shared or withheld, any steps taken to reduce risk, and when the decision should be reviewed. We will seek advice promptly from the Integrated Front Door if we are unsure.

Information about family members and other people connected to a child

We recognise that information about a parent, carer, sibling, peer or another person connected to a child may be relevant to that child's safety or welfare. We will consider the context and relevance of such information without making assumptions or treating a health condition, disability, background or other characteristic as evidence of risk in itself. We will distinguish observed facts from opinions, allegations and information that has not been verified, and will use fair, respectful, anti-discriminatory and culturally aware language.

Recording, security and transfer of information

We will keep a clear record of significant information-sharing decisions, including the concern or request, the safeguarding purpose, the recipient, what information was shared and how, the lawful basis considered, whether and how the family was informed, and the reasons for any decision not to share or to limit disclosure. Records must be factual, dated, signed or attributable to the author, accurate and professionally worded. We will clearly identify opinions and unverified information as such, correct inaccuracies where appropriate, and preserve the original record with dated additions rather than altering it.

Safeguarding records will be stored securely and accessed only by people who are authorised and need the information for their role. When a child moves to another setting or school, we will transfer relevant safeguarding records securely and separately as soon as possible, confirm receipt, and take account of any specific risk that particular information (such as a child's location) could create if disclosed too widely. We will not allow the absence of a data-sharing agreement, by itself, to prevent necessary sharing where the law permits or requires it.

Staff responsibilities and review

All staff must report safeguarding concerns promptly to the DSL or Deputy DSL, follow our referral procedures and complete accurate records. Staff will receive guidance on when and how to share information, confidentiality, consent, secure handling and escalation. The DSL will support staff with decisions, ensure that relevant information is shared without avoidable delay, and review practice with the committee. This amendment will be reviewed alongside our safeguarding policy and whenever relevant law, statutory guidance or local safeguarding procedures change.

Confidentiality:
All suspicions and investigations are kept confidential and shared only with those who need to know. Any information is shared under the guidance of the Area Child Protection Partner. Records are kept securely, in a locked location, under the child's name; away from the other records the designated lead and deputy have access to the records.

Low level Concerns

The term 'low-level' concern does not mean that it is insignificant. A low-level concern is any concern – no matter how small, and even if no more than causing a sense of unease or a 'nagging doubt' - that an adult working in or on behalf of the playgroup may have acted in a way that:

- is inconsistent with the staff code of conduct, including inappropriate conduct outside of work and
- does not meet the harm threshold or is otherwise not serious enough to consider a referral to the LADO.

Examples of such behaviour could include, but are not limited to:

- being over friendly with children
- having favourites
- taking photographs of children on their mobile phone, contrary to school policy

- engaging with a child on a one-to-one basis in a secluded area or behind a closed door, or
- humiliating pupils.

Low-level concerns may arise in several ways and from a number of sources. For example: suspicion; complaint; or disclosure made by a child, parent or other adult within or outside of the organisation; or as a result of vetting checks undertaken. Low level concerns should be shared with the DSL or if the allegation is against the person in charge the Chair of the Committee.

Low-level concerns which are shared about supply staff and contractors should be notified to their employers, so that any potential patterns of inappropriate behaviour can be identified.

If the DSL/Chair of the Committee is in any doubt as to whether the information which has been shared about a member of staff as a low-level concern in fact meets the harm threshold, they will consult Wiltshire SVPP.

All low-level concerns, no matter how small, should be recorded in writing and recorded and reviewed by the DSL and the committee.. The record should include details of the concern, the context in which the concern arose, and action taken. The name of the individual sharing their concerns should also be noted, if the individual wishes to remain anonymous then that will be respected as far as reasonably possible. Records will be reviewed so that potential patterns of concerning, inappropriate, problematic or concerning behaviour can be identified. Where a pattern of such behaviour is identified, we will decide upon a course of action, either through our disciplinary procedures or as a where a pattern of behaviour moves from a low-level concern to meeting the harm threshold, it will be referred to the LADO. We will retain the information for as long as the employee remains in our employ. Low level concerns will not be included in references unless they relate to issues which would normally be included in a reference, for example, misconduct or poor performance.

Children potentially at greater risk of harm
Children who need a social worker (Child in Need and Child Protection Plans)

Children may need a social worker due to safeguarding or welfare needs. Our Local authorities will share the fact a child has a social worker with us and our designated safeguarding lead will hold and use this information so that decisions can be made in the best interests of the child's safety, welfare and educational outcomes.

Mobile technologies and Cameras (see also ICT/E Safety policy)

Mobile phones are not permitted within the Pre-school room. Staff are permitted to use their mobile phones in the cupboard area, but the taking of photographs on mobile phones is strictly prohibited anywhere in the Pre-school site. There is a playgroup mobile phone for use on trips. The camera on this phone has been disabled. Rules and guidance on the use of devices is communicated to visitors when they sign in.

Watches, Smart Glasses and Wearable Technology

For safeguarding, privacy and data-protection purposes, Box Pre-School Playgroup treats smart watches, smart glasses and other wearable or connected technology with recording, communication, internet or camera functionality in the same way as personal mobile phones and cameras.

Staff, students and volunteers

Staff, students and volunteers must not use or wear personal smart watches, smart glasses or other wearable devices capable of taking photographs or video, recording audio, making or receiving calls or messages, accessing the internet, or transmitting information while working directly with children.

Such devices must be switched off or placed into an appropriate mode that disables communication and recording functions and stored securely with personal mobile phones in the designated staff storage area.

A basic watch or fitness tracker may be worn provided that it cannot be used to photograph, film or record children and is not used to make or receive calls, messages or other communications while the member of staff is caring for or supervising children.

Smart glasses or other wearable devices containing a camera, microphone or recording facility must not be worn in areas used by children, regardless of whether the wearer states that the recording function is switched off.

Personal devices must never be used to photograph, film or make audio

recordings of children.

Parents, carers and visitors

Parents, carers, contractors and other visitors must not use smart glasses, smart watches or other personal devices to photograph, film or record children while on the premises.

Smart glasses or other wearable devices containing cameras or recording facilities must not be worn within the areas used by children. Visitors will be informed of these requirements as part of the setting's signing-in and safeguarding procedures.

Children

Children should not bring or wear smart watches, smart glasses or other internet-connected, communication or recording devices to the setting. Where a device is required because of a child's disability, medical need or other individual need, reasonable adjustments will be considered with the parent/carer and an appropriate risk assessment and agreed arrangements will be put in place.

Safeguarding concerns

Any unauthorised photography, filming, audio recording, communication or other inappropriate use of a smart or wearable device must be reported immediately to the Designated Safeguarding Lead (DSL) or Deputy Designated Safeguarding Lead (DDSL).

Where the concern relates to the conduct of a member of staff, volunteer, student or other adult working with children, it will be considered under the setting's procedures for allegations and low-level concerns and referred to the LADO or other agencies where the relevant threshold is met.

These requirements apply to current and emerging technology. The fact that a device is described as a watch, glasses, jewellery, fitness equipment or another type of wearable technology does not exempt it from this policy where it has recording, communication, internet or data-transmission capabilities.

The Pre-school laptop remains the property of the Pre-school and must be returned if a member of staff leaves the Pre-school or as required.

Any member of staff using their own laptop must adhere to the ICT/e-safety policy in all matters relating to the Pre-school.

Guidance on specific safeguarding issues

Challenging behavior

Challenging behaviour in children can sometimes be an indicator of underlying safeguarding issues. It is essential to consider such behaviour as a potential sign of distress or abuse. Staff should be vigilant and responsive to any changes in a child's behaviour, ensuring that these concerns are documented and reported to the designated safeguarding lead (DSL) promptly. The DSL will then follow the appropriate procedures to assess and maintain records regarding behaviour incidents and whether they are one off incidents or are a causing concern regarding welfare.

Contextual Safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families, including on line harm, exploitation and domestic abuse. These extra-familial threats might arise other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation.
Assessments of children will consider the wider context of a child's life when assessing risk

Domestic abuse

The cross-government definition of domestic violence and abuse is: any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; and emotional.
All children can witness and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members. Exposure to domestic abuse and/or violence can have a serious, long lasting emotional and psychological impact on children.

Operation Encompass operates in the majority of police forces across England. It helps police and schools work together to provide emotional and practical help to children. The system ensures that when police are called to an incident of domestic abuse, where there are children in the household who have experienced the domestic incident, the police will inform the key adult (usually the designated safeguarding lead) in the educational setting before the child or children arrive at school the following day. This ensures that the educational setting has up to date relevant information about the child's circumstances and can enable support to be given to the child according to their needs.

National Domestic Abuse Helpline

Refuge runs the National Domestic Abuse Helpline, which can be called free of charge and in confidence, 24 hours a day on 0808 2000 247. Its website provides guidance and support for potential victims, as well as those who are worried about friends and loved ones. It also has a form through which a safe time from the team for a call can be booked.

Additional advice on identifying children who are affected by domestic abuse and how they can be helped is available at:

- NSPCC- UK domestic-abuse Signs Symptoms Effects
- Refuge what is domestic violence/effects of domestic violence on children
- SafeLives: young people and domestic abuse.

Child Sexual Exploitation (CSE) and Child Criminal Exploitation

Both CSE and CCE are forms of abuse and both occur where an individual or group takes advantage of an imbalance in power to coerce, manipulate or deceive a child into sexual or criminal activity. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, sexual identity, cognitive ability, physical strength, status, and access to economic or other resources. In some cases, the abuse will be in exchange for something the victim needs or wants and/or will be to the financial benefit or other advantage (such as increased status) of the perpetrator or facilitator. The abuse can be perpetrated by individuals or groups, males or females, and children or adults. The abuse can be a one-off occurrence or a series of

incidents over time, and range from opportunistic to complex organised abuse. It can involve force and/or enticement-based methods of compliance and may, or may not, be accompanied by violence or threats of violence. Victims can be exploited even when activity appears consensual and it should be noted exploitation as well as being physical can be facilitated and/or take place online.

Peer on peer abuse

All staff should be aware that children can abuse other children (often referred to as peer on peer abuse). Victims are reassured that this abuse will be taken seriously and is intended to protect children and not criminalise them. Peer on peer abuse is most likely to include, but may not be limited to:

- bullying (including cyberbullying);
- 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;
- sexual harassment, such as sexual comments, remarks, jokes and online
- sexual harassment, which may be stand-alone or part of a broader pattern of abuse;
- up skirting, which typically involves taking a picture under a person's clothing without them knowing, with the intention of viewing their genitals or buttocks to obtain sexual gratification, or cause the victim humiliation, distress or alarm;
- sexting (also known as youth produced sexual imagery);
- initiation/hazing type violence and rituals.

County Lines

County Lines is where illegal drugs are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. A common feature in county lines drug supply is the exploitation of young and

vulnerable people. The dealers will frequently target children and adults - often with mental health or addiction problems - to act as drug runners or move cash so they can stay under the radar of law enforcement.

In some cases, the dealers will take over a local property, normally belonging to a vulnerable person, and use it to operate their criminal activity from. This is known as cuckooing.

People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

Children often don't see themselves as victims or realise they have been groomed to get involved in criminality.

Witchcraft

The definition of witchcraft for the purpose of this policy is simply "the invocation of alleged supernatural powers to control people or events, using sorcery or magic". Abuse linked to faith or belief where concerns for a child's welfare have been identified and could be caused by a belief in witchcraft, spirit or demonic possession, ritual or satanic abuse features; or when practices are harmful to a child. Any abuse that takes place against those who are branded (or labelled) either as a witch or having been possessed by an evil spirit is unacceptable. Significant harm, including murder, can occur because of concerted efforts to 'excise' or 'deliver' evil from a child or vulnerable adult.

Looked after children

The most common reason for children becoming looked after is as a result of abuse and/or neglect. We ensure that our staff have the skills, knowledge and understanding to keep looked after children safe and recognise that in particular we need to have information relating to the child's legal status (whether they are looked after under voluntary arrangements with consent of parents, or on an interim or full care order) and the child's contact arrangements with birth parents or those with parental responsibility. We will also have information about the child's care arrangements and the levels of authority delegated to the carer by the authority looking after him/her.

Children with special educational needs and disabilities

We recognise that children with special educational needs (SEN) and disabilities can face additional safeguarding challenge and that additional barriers can exist when recognising abuse and neglect in this group of children. These can include:

- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's disability without further exploration;
- being more prone to peer group isolation than other children;
- the potential for children with SEN and disabilities being disproportionally impacted by behaviours such as bullying, without outwardly showing any signs; and
- communication barriers and difficulties in overcoming these barriers.

Private Fostering

Private fostering is an arrangement made between the parent and the private foster carer, who then becomes responsible for caring for the child in such a way as to safeguard and promote his/her welfare.

A privately fostered child means a child under the age of 16 (18 if a disabled child) who is cared for and provided with accommodation by someone other than:

- A parent.
- A person who is not a parent but has parental responsibility.
- A close relative.
- A Local Authority.

for more than 28 days and where the care is intended to continue. It is a statutory duty for us at Box Pre-school to inform the Local Authority where we are made aware of a child or young person who may be subject to private fostering arrangements.

Female genital mutilation (FGM)

Staff at playgroup need to be alert to the possibility of a girl being at risk of **FGM**, or already having suffered FGM. There is a range of potential indicators that a child or young person may be at risk of FGM:

Knowing that the family belongs to a community in which FGM is practised and is making preparations for the child to take a holiday, arranging vaccinations or planning absence from school;

The child may also talk about a special procedure/ceremony that is going to take place or a special occasion to 'become a woman'.

Professionals should note that girls at risk of FGM may not yet be aware of the practice or that it may be conducted on them, so sensitivity should always be shown when approaching the subject.

Indicators that FGM may already have occurred:

Prolonged absence from school or other activities with noticeable behaviour change on return, possibly with bladder problems;

Difficulty walking, sitting or standing, and look uncomfortable;

Spend longer than normal in the bathroom or toilet

May complain about pain between their legs, or talk of something somebody did to them that they are not allowed to talk about.

There is a mandatory duty for teachers to report to the police any case of female genital mutilation on a girl under the age of 18.

Breast Ironing

Breast Ironing also known as 'Breast Flattening' is the process whereby young pubescent girls breasts are ironed, massaged and/or pounded down through the use of hard or heated objects in order for the breasts to disappear or delay the development of the breasts entirely. The practice is carried out under the misguided intention of 'protecting' women and girls from men's sexual harassment and is usually carried out by older women in the community. Young pubescent girls usually aged between 9 – 15 years old and from practising

communities are most at risk of breast ironing. Breast ironing is practiced in all ten regions of Cameroon and been reported in Benin, Ivory Coast, Chad, Guinea-Bissau, Kenya, Togo, Zimbabwe and Guinea-Conakry.

Much like Female Genital Mutilation (FGM), Breast Ironing is a harmful cultural practice and is child abuse and should be reported to social services.

Mental Health

All staff should also be aware that 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.

Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem. Staff however, are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one.

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.

If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken, following their child protection policy and speaking to the designated safeguarding lead or a deputy.

Banned dog breeds In line with the EYFS Statutory Framework (2026), no banned dog breeds—including XL Bully-type dogs—are permitted on the premises at any time, regardless of exemption certificates. This applies to staff, visitors, parents, and contractors. The safety and welfare of children remain paramount.

Screen Use and Digital Safety (see also screen time policy)

Screen use We monitor and limit children's screen use in accordance with EYFS 2026. Any digital content used within the setting is age-appropriate, supports learning, and is supervised. Screen use forms part of our wider approach to online safety and digital wellbeing.

Safer Sleep (see also safety policy)

We ensure that every child who rests or sleeps is placed down safely and is supervised throughout.

Each child has their own clean, suitable sleep space on a firm, flat sleep mat. Sleep spaces are positioned to allow staff to observe and reach every child safely.

The sleep area is quiet, well ventilated and maintained at a safe, comfortable temperature. Children are dressed appropriately so that they do not become too hot or too cold.

Sleep spaces are kept clear of items that could obstruct breathing or create an entrapment, strangulation or suffocation risk.

Sleeping children remain within sight and hearing of staff at all times. Staff carry out and record frequent checks, taking account of each child's needs and the duration of the sleep. Checks include the child's breathing, colour, temperature, position and general wellbeing.

Staff act immediately if a child appears unwell, is breathing abnormally, is unusually difficult to rouse or otherwise gives cause for concern. Paediatric first aid and emergency procedures are followed where required.

Parents and carers are asked for relevant information about their child's usual rest routine, health needs and any medical advice affecting sleep.

Attendance (see also attendance policy)

Concerns about absence are considered in the context of safeguarding and children missing education. Patterns of absence, vulnerability factors, and home circumstances are reviewed, and referrals are made to children's social care or police welfare checks where appropriate.

Family Help

We recognise the importance of providing coordinated support through a Family Help approach.

We will work with multi-agency partners to:
• identify needs at the earliest opportunity
• contribute to Family Help assessments
• support the role of a lead practitioner
• ensure continuity of support for children and families

We understand that safeguarding is most effective when services work together as one system around the family.

Family Help

At Box Pre School playgroup whenever possible, we will ensure that early intervention is actioned via a referral to Family Help as soon as is needed to safeguard the welfare of a child and to prevent situations to escalate into larger problems. We understand that parental agreement is not a prerequisite to sharing safeguarding information where a lawful basis or duty applies.

Family help means providing support as soon as a problem emerges at any point in a child's life, from the foundation years through to the teenage years.

Therefore, the playgroup will consider the following:

- Undertake an assessment of the need for family help;
- Provide early help services e.g. health visitor, SENCO, children's centre, speech and language and two year and three and four-year-old funding.
- **Early Help Single Point of Entry: 01225 718 230**

Working together to Safeguard Children in Education 2020 highlights those who may potentially need family help as:

- is disabled and has specific additional needs
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer

- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care
- is a privately fostered child

Family Help Assessments

A lead practitioner should undertake an family help assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family. The DSL and SENCO will work with safeguarding partners to appoint a lead practitioner.

At Box Playgroup we will work with parents but we will share our concerns without their consent if the welfare of the child requires it.

If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, we will make a referral immediately to our local authority children's social care.

COVID-19/Sickness

It is important that there is access to a DSL at all times and so in the event of a change to the DSL because of sickness this will be communicated to all staff by the DDSL.

Monitoring and Review of Safeguarding Practice

We will use data and records to monitor the effectiveness of our safeguarding practice. This includes:

- reviewing safeguarding concerns and patterns
- monitoring attendance and absence trends
- identifying repeat or escalating concerns

The Designated Safeguarding Lead will review safeguarding records monthly and report to the committee at committee meetings.

The supervisor ensures that safeguarding is an agenda item for every staff meeting.

This policy is reviewed annually or earlier as required by changes to legislation or statutory guidance.

This ensures that our safeguarding practice leads to improved outcomes for children.

Appendix 1

DOs and DON'Ts

when responding to a disclosure of abuse

DO:

- **create a safe environment by offering** the child a private and safe place if possible.
- **stay calm** and reassure the child and stress that he/she is not to blame.
- **tell** the child that you know how difficult it must have been to confide in you.
- **listen carefully.**
- use the **'tell me', 'explain', 'describe'** and/or mirroring strategy.
- **tell** the child what you are going to do next.
- **tell only the Designated or Deputy Safeguarding Lead.**
- **record** in detail using the Welfare Concern Record without delay, using the child's own words where possible.

DO NOT:

- take photographs of any injuries.
- postpone or delay the opportunity for the child to talk.
- take notes while the child is speaking.
- ask the child to write an account.
- **i**nterview the child and try to investigate the allegation yourself.
- ask another adult to witness the disclosure.
- promise confidentiality e.g. say you will keep ‘the secret’.
- approach or inform the alleged abuser.

Appendix 3 – Criteria for effective safeguarding training

1. Training is designed for staff caring for 0 – 5 year olds and is appropriate to the age of the children being cared for.

2. The safeguarding training for all practitioners must cover the following areas:

• What is meant by the term safeguarding.

• The main categories of abuse, harm and neglect.

• The factors, situation and actions that could lead or contribute to abuse, harm or neglect.

• How to work in ways that safeguard children from abuse, harm and neglect.

• How to identify signs of possible abuse, harm and neglect at the earliest opportunity. These may include:

• Significant changes in children's behaviour.
• A decline in children's general well-being.
• Unexplained bruising, marks or signs of possible abuse or neglect. • Concerning comments or behaviour from children.

• Inappropriate behaviour from practitioners or any other person working with the children. This could include inappropriate sexual comments; excessive one-to-one attention beyond what is required through their role; or inappropriate sharing of images.

• Any reasons to suspect neglect or abuse outside the setting, for example in the child's home or that a child may experience emotional abuse or physical abuse because of witnessing domestic abuse or coercive control or that a girl may have been subjected to (or is at risk of) female genital mutilation.

• How to respond, record and effectively refer concerns or allegations related to safeguarding in a timely and appropriate way. • The setting's safeguarding policy and procedures.

• Legislation, national policies, codes of conduct and professional practice in relation to safeguarding.

• Roles and responsibilities of practitioners and other relevant professionals involved in safeguarding.

3. Training for the DSL should take account of any advice from the local safeguarding partners or local authority on appropriate training courses. In addition to the areas set out in paragraph 2, training for the DSL must cover the elements listed below:

• How to build a safer organisational culture.

• How to ensure safer recruitment.

• How to develop and implement safeguarding policies and procedures.

• If applicable, how to support and work with other practitioners to safeguard children.

• Local child protection procedures and how to liaise with local statutory children's services agencies and with the local safeguarding partners to safeguard children.

• How to refer and escalate concerns (including as described at paragraph [3.8/3.9] of the EYFS).

• How to manage and monitor allegations of abuse against other staff.

• How to ensure internet safety.