Child protection policy

Purpose of this Policy

The purpose of this document is to support all staff in safeguarding and protecting children who may be at risk of abuse or neglect, and in promoting their overall well-being.

This policy and its procedures should be read alongside the following statutory guidance:

- *Working Together to Safeguard Children* (2026)
- *Keeping Children Safe in Education* (2026)

Safeguarding is everyone's responsibility. Under Section 175 of the Education Act 2002, early years settings have a statutory duty to ensure that their functions are carried out with due regard to safeguarding and promoting the welfare of children. This includes:

- Preventing the impairment of children's health or development
- Protecting children from maltreatment
- Ensuring children grow up in circumstances consistent with the provision of safe and effective care

The Children Act 1989 defines a child as any person under the age of 18. This policy, and the procedures that follow, apply to all paid staff, volunteers, and Directors working within The Play Corner Nurseries.

Significant Harm

There are no absolute criteria for determining what constitutes significant harm. When assessing the severity of ill-treatment, several factors should be considered, including the degree and extent of physical harm, the duration and frequency of abuse or neglect, the level of premeditation, and the presence or degree of threat, coercion, sadism, or unusual or bizarre elements. These factors are often linked to more severe effects on the child and can increase the difficulty of helping the child recover from maltreatment.

In some cases, a single traumatic event—such as a violent assault, suffocation, or poisoning—may amount to significant harm. More commonly, significant harm results from a combination of events, both acute and ongoing, which disrupt, alter, or damage a child's physical or psychological development.

Some children live in family and social circumstances where their health and development are neglected. For these children, long-term emotional, physical, or sexual abuse can have a corrosive effect, causing impairment that constitutes

significant harm. It is essential to consider any maltreatment alongside the family's strengths and support systems.

The following procedures outline the actions to take if it is suspected that a child is being abused, harmed, or neglected. Abuse is categorized into five types:

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Domestic Abuse

A child can be abused, harmed, or neglected by a family member, by someone in an institutional or community setting, by a person known to them, or less commonly, by a stranger. This includes individuals in positions of trust, such as teachers or other professionals.

Safeguarding and promoting a child's welfare encompasses all aspects of the child's life. The Play Corner is committed to ensuring that all actions taken on behalf of a child align with this commitment.

Where concerns about a child's welfare do not meet the threshold for formal child protection, the nursery will consider the Early Help approach. Early identification of concerns and the use of Early Help to develop a multi-agency plan for the child can reduce the risk of subsequent abuse.

Designated Safeguarding Team and Procedures

Designated Safeguarding Leads and Deputies

The Play Corner has a Designated Safeguarding Lead (DSL) responsible for Child Protection who undertakes regular, up-to-date training for this role. We also have Designated Safeguarding Deputies who will act in the absence of the DSL.

Safeguarding and Child Protection Team:

Designated Safeguarding Leads	**Deputy Safeguarding Leads**
Faye Willoughby (Hillside and Paulsgrove)	Abigail Broom (Hillside)

Designated Safeguarding Leads	Deputy Safeguarding Leads
	Sarah Rose (Hillside)
	Samantha Shepherd (Paulsgrove)

All named individuals have received appropriate training. The DSL and deputies will undertake refresher training every 2 years. All staff receive safeguarding training at least every two years.

Faye Willoughby is the primary Lead for Child Protection/Safeguarding.

Reporting Concerns

If concerns arise about a child, the Designated Safeguarding Lead will seek advice from MASH (Multi-Agency Safeguarding Hub) or LADO (Local Authority Designated Officer) and make referrals to relevant agencies. If a child is at immediate risk of harm or danger, the police will be contacted alongside MASH.

The Children Act 1989 introduced the concept of **significant harm**, which is the threshold justifying compulsory intervention in family life to safeguard children. Local authorities have a duty to investigate if a child is suffering, or likely to suffer, significant harm.

Staff Training and Responsibilities

- All staff will develop an understanding of the signs and indicators of abuse and their responsibility to report concerns.
- New staff members receive a copy of the child protection procedures during their induction.
- Staff are provided with free online safeguarding and child protection training via Noodlenow.
- All staff will know how to respond appropriately if a child discloses abuse. It is vital to respond in a way that does not further harm or prejudice investigations. Key points include:
    - Stay calm and listen carefully.

- Avoid showing shock or disbelief.
- Do **not** promise confidentiality, but reassure the child that their privacy will be respected.
- Explain who you will need to tell and why.
- Let the child lead the pace of the disclosure.
- Avoid asking leading questions (e.g., "What did they do next?").
- Use open-ended questions like "Is there anything else you want to tell me?"

Child Protection Procedures

- Accept what the child is telling you without judgment.
- Reassure the child they have done the right thing by telling someone.
- Do not criticize the alleged perpetrator, as they may be someone the child loves or trusts.
- Inform the child of the next steps and who will be informed.
- Immediately pass on the information to the Designated Safeguarding Lead or, in their absence, the Deputy.
- Staff can also raise concerns directly with MASH if necessary.
- The DSL will assess whether it is safe for a child to return home, and on rare occasions may take immediate action to protect the child by contacting MASH.
- All safeguarding concerns must be reported on the same working day to the DSL or their Deputy.

Staff Conduct and Whistleblowing

- Staff must always conduct themselves professionally, especially when alone with a child, ensuring that their behaviour cannot be reasonably questioned.
- Staff must avoid any actions or behaviours that could place themselves or children at risk of harm or allegations.
- All staff are made aware of the nursery's **Whistleblowing Policy** and how to access it.
- Parents and carers are informed about staff responsibilities and the safeguarding procedures in place.

Context and Aims of This Policy

The content of this policy applies to all paid staff, volunteers, and Director of The Play Corner. The Director and staff fully recognise their role in safeguarding children. Everyone involved in the setting has a responsibility to protect children from harm.

The nursery aims to provide a caring, positive, safe, and stimulating environment that supports the social, physical, and emotional development of each child.

Policy Aims

- Support children's development to foster security, confidence, and independence.
- Raise awareness among teaching and non-teaching staff about safeguarding responsibilities.
- Adopt clear child protection guidelines, including a code of conduct for staff and volunteers.
- Systematically monitor children known or thought to be at risk.
- Support children who have suffered abuse in line with their Child Protection Plan.
- Promote good communication between all staff members.
- Follow thorough recruitment and selection procedures ensuring suitability of all adults with access to children.
- Establish structured procedures for suspected abuse cases.
- Share information about child protection and best practices with children, parents, carers, staff, and volunteers.
- Foster effective multi-agency working relationships with MASH, social services, foster families, and others.
- Share safeguarding concerns appropriately while involving parents and children as needed.
- Ensure all staff are familiar with the nursery's code of conduct.
- Provide ongoing management, support, supervision, and training for staff and volunteers.

Equality

Some children may be more vulnerable to abuse or less able to access services. These children require heightened awareness and cooperation between professionals across agencies to identify needs and take appropriate action.

Parent Awareness and Policy Review

- All parents, as part of the child induction process, will be made aware of the Child Protection Policy. The policy is accessible on the nursery website: www.theplaycorner-childcare.com
- The Child Protection Procedures will be reviewed annually to ensure they remain current and effective.

Types of Abuse and Neglect

Abuse is a form of maltreatment of a child. It may involve inflicting harm or failing to act to prevent harm. Abuse can be perpetrated by an adult or other children.

Physical Abuse

Physical abuse involves actions such as hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or causing other physical harm. It also includes fabricated or induced illness by a parent or carer.

Emotional Abuse

Emotional abuse is persistent emotional maltreatment causing severe adverse effects on a child's emotional development. Examples include:

- Conveying that a child is worthless or unloved.
- Silencing or mocking a child's communication.
- Imposing age-inappropriate expectations.
- Overprotection or limiting exploration and social interaction.
- Witnessing the ill-treatment of others.
- Serious bullying, including cyberbullying.
- Exploitation or corruption.

Emotional abuse may occur alone or alongside other abuse types.

Sexual Abuse

Sexual abuse involves forcing or enticing a child into sexual activities, whether or not the child is aware. This includes:

- Physical contact such as assault by penetration or non-penetrative acts (e.g., touching, kissing).
- Non-contact activities such as exposure to sexual images, grooming, or encouraging inappropriate sexual behavior.
- Sexual abuse can be perpetrated by adults or other children, male or female.

Neglect

Neglect is the persistent failure to meet a child's basic physical or psychological needs, causing serious impairment to health or development. It may include:

- Inadequate food, clothing, shelter.
- Failure to protect from harm or provide supervision.
- Lack of access to medical care or treatment.
- Neglecting emotional needs.

Neglect can begin prenatally due to maternal substance abuse.

Domestic Abuse

Domestic abuse refers to controlling, bullying, threatening, or violent behavior between people in a relationship. Witnessing domestic abuse is harmful to children and considered child abuse. Important notes about domestic abuse:

- It can happen inside or outside the home.
- It can occur over the phone, internet, or social media.
- It can happen in any relationship and continue after separation.
- Both men and women can be victims or perpetrators.

Possible Signs and Symptoms of Abuse

The signs listed below may indicate abuse but are not definitive proof. Some signs can overlap between abuse types or be related to conditions such as disabilities. Disabled children are three times more likely to experience abuse or neglect than their peers.

Physical Abuse

- Unexplained or recurrent injuries, bites, bruises, burns.
- Implausible explanations for injuries.
- Refusal to discuss injuries.
- Untreated injuries.

- Excessive punishment disclosures.
- Withdrawal from physical contact or aggression.
- Wearing clothes to cover injuries even in hot weather.
- Fear of going home or medical help.
- Self-destructive behavior or running away.

Emotional Abuse

- Physical, emotional, or developmental delays.
- Exposure to domestic violence.
- Overreaction to mistakes or fear of punishment.
- Continual self-deprecation or speech disorders.
- Fear of new situations.
- Neurotic behaviors or self-harm.
- Fear of parents being contacted.
- Extremes of passivity or aggression.
- Drug or solvent abuse.
- Running away or compulsive stealing.

Sexual Abuse

- Sudden behavioral changes.
- Inappropriate displays of affection or sexualized behavior.
- Fear of undressing.
- Regression to younger behavior.
- Inappropriate internet use or grooming concerns.
- Genital itching, pain, or injury.
- Distrust of familiar adults.
- Unexplained gifts.
- Depression, withdrawal.
- Secrecy about social activities or “special friends.”
- Bedwetting or soiling.

- Sleep disturbances or nightmares.
- Chronic illness such as throat infections or STDs.

Neglect

- Constant hunger or poor hygiene.
- Persistent tiredness or poor clothing condition.
- Frequent lateness or absence.
- Untreated medical issues or unmet special needs.
- Low self-esteem or neurotic behavior.
- Poor social relationships.
- Declining performance at nursery.
- Running away or compulsive stealing.

Child Sexual Exploitation (CSE)

Child Sexual Exploitation involves situations where young people receive something (e.g., food, gifts, drugs, money, or affection) in return for sexual activities. Forms of exploitation include:

- 'Consensual' relationships involving sex in exchange for affection or gifts.
- Serious organized crime involving gangs or groups.

The key factor is an imbalance of power favouring the perpetrator, which increases over time. Exploitation often involves coercion, intimidation, grooming, or sexual bullying (including cyberbullying). Some victims may show no external signs of exploitation.

Female Genital Mutilation (FGM)

Professionals across all agencies, as well as community members and groups, must be vigilant for signs that a girl may be at risk of FGM or may have already undergone FGM. There are various potential indicators, and while a single indicator may not confirm risk, the presence of two or more should raise concern.

- Victims are often from communities known to practice FGM.
- Girls at risk may be unaware of the practice or that it may happen to them.
- Sensitivity and cultural awareness are essential when discussing FGM.

What to Do if You Suspect Abuse

- Report concerns **immediately, on the same working day**, to the Designated Safeguarding Lead (DSL) or their deputies.
- Document exactly what has been said, observed, or witnessed with precise detail.

Role of the Designated Safeguarding Lead (DSL)

The DSL is responsible for:

- Collecting information from staff, volunteers, children, or parents with safeguarding concerns.
- Recording information accurately.
- Quickly and carefully assessing the information.
- Seeking further details as necessary.
- Consulting with local services such as:
    - **MASH** (Multi-Agency Safeguarding Hub)
    - **LADO** (Local Authority Designated Officer)
- Making timely referrals to MASH or the police if consultation indicates risk or there is immediate danger.
- Referring to the appropriate MASH team based on the child's area of residence.
- Following up with written referrals within 48 hours after a telephone referral.
- Ensuring the referral is acknowledged within one working day and following up if no acknowledgment is received within three days.
- Keeping suspicions confidential and sharing only with relevant safeguarding personnel.

Note: Any individual may make a direct referral to child protection agencies if they believe concerns are not being addressed properly.

Responsibilities of the Designated Safeguarding Lead

- Adhere to local authority and nursery safeguarding procedures when referring concerns.
- Maintain full, chronological written records of concerns, even if no immediate referral is made.
- Keep records confidential, secure, and separate from other child records.

- Mark the child's main records to indicate that safeguarding information is held elsewhere.
- Monitor attendance of children subject to a Child Protection Plan daily.
- Report any unexplained absences of children on a Child Protection Plan to MASH.
- Ensure the immediate transfer of safeguarding information to new settings if a child subject to a Child Protection Plan moves, and inform the child's social worker.
- Retain a copy of the child's safeguarding information securely at the nursery.

Supporting Children

- Recognise that abused children or those who witness abuse may struggle with self-worth, feel helpless, humiliated, or blame themselves.
- Understand the nursery may provide the only stable, safe environment for these children.
- Accept that children's behaviour may range from normal to aggressive or withdrawn.

The Play Corner will support children by:

- Delivering a curriculum that promotes self-esteem and self-assertiveness, while not condoning aggression or bullying.
- Providing a caring, safe, and positive environment where children feel valued.
- Ensuring children know they can approach trusted adults if worried.
- Collaborating with support services and agencies involved in safeguarding.
- Notifying Social Care promptly of significant concerns.
- Supporting children who leave by forwarding relevant information confidentially to their new setting.

Confidentiality and Information Sharing

- All child protection matters are confidential.
- Follow the Department for Education (DfE) Information Sharing Protocols (2024).
- The DSL or relevant staff will only share information with other staff on a need-to-know basis.

- All staff have a professional duty to share safeguarding information with the DSL and external agencies.
- Staff must never promise a child that they will keep secrets regarding safeguarding concerns.

Supporting Staff

- Recognise that staff involved with children who have been harmed or are at risk may find the experience stressful.
- Provide opportunities for staff to discuss concerns with the DSL.
- Offer further support as appropriate to help staff cope with the situation.

Safer Recruitment

Please see Safer Recruitment policy.

Allegations Against Staff

Please see Allegations Against Staff policy.

Whistleblowing

We recognise the importance of staff raising concerns about colleagues' behaviour or attitudes where appropriate. Children cannot be expected to raise concerns in an environment where staff fail to do so.

- All staff have a duty to report concerns.
- Further information is outlined in our separate **Whistleblowing Policy**.

Physical Intervention

Physical intervention is only used as a last resort and must always involve the minimum force necessary to prevent harm.

- Physical intervention that causes injury or distress to a child may result in child protection or disciplinary procedures.
- Any injury resulting from physical intervention must trigger child protection processes.

Details of this are covered in our Supporting Children's Behaviour Policy.

Bullying

We have a zero-tolerance approach to bullying.

- Permitting or condoning bullying may lead to child protection procedures.

Health & Safety

Our **Health & Safety Policy** ensures that children are protected within the nursery environment and on trips or visits.

Prevention

We acknowledge our role in preventing harm by:

- Creating an ethos where children feel safe, secure, and encouraged to speak out.
- Ensuring children know adults they can approach if worried or in difficulty.

Management of Children Subject to Child Protection Investigations or Plans

- We will contribute to child protection investigations and attend relevant strategy meetings.
- The Designated Person or deputy will attend Initial Child Protection Conferences and provide written updates when needed.
- If a child is placed on a Child Protection Plan, the nursery participates fully in the plan, including attending Core Group Meetings.
- Information is shared with staff on a need-to-know basis.
- Unexplained absences of children on Child Protection Plans are reported to their Social Worker immediately.

Support and Training

- All staff, paid and voluntary, receive safeguarding training.
- All staff refresh safeguarding training at least every two years.
- Additional training and updates are provided regularly via staff meetings and Noodlenow.

Record Keeping

- The Designated Person maintains detailed, accurate, secure records of referrals and concerns.
- Records are kept separate from academic files, online securely only DSL can access.
- Records are exempt from parental or child inspection unless ordered by a court.
- Records include dates, times, people involved, witnesses, and are signed and dated.

- When a child moves settings, records are sent securely to the new setting, marked confidential.
- A copy is retained securely by the nursery.
- Child protection records must be retained until the child reaches age 25; other records for 35 years after leaving the setting.

When making referrals:

- Keep written records of discussions with children, parents, staff, and the MASH.
- Confirm verbal referrals in writing within 48 hours using the interagency referral form.

The nursery regularly updates children's personal data by requesting annual updates from parents and encouraging prompt notification of changes.

Date written: August 2024 by Faye Willoughby.

Reviewed in April 2026 by Faye Willoughby.

Reviewed on 20.08.26 by Faye Willoughby