SAFEGUARDING AND CHILD PROTECTION POLICY

CurioCity Childcare Limited

Policy owner	Registered Provider / Director
Designated Safeguarding Lead (DSL)	Nair Pires D R Fernandes-London
Deputy DSL	Gabby London, Clare Nalukwago
Setting	CurioCity Childcare, 55 Tealby Court, Roman Way, Islington, London N7 8HY
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Next scheduled review	September 2027, or sooner following statutory change, incident or learning
Applies to	All employees, agency staff, volunteers, students, apprentices, contractors and visitors

CurioCity Childcare

SAFEGUARDING AND CHILD PROTECTION POLICY

Contents

1. Policy statement and safeguarding principles

Safeguarding and promoting the welfare of children means protecting children from maltreatment, whether that maltreatment occurs within or outside the home, including online; preventing impairment of children's mental and physical health or development; ensuring that children grow up in circumstances consistent with safe and effective care; providing help and support to meet children's needs as soon as problems emerge; and taking action to enable all children to have the best outcomes.

Safeguarding is a wide-ranging and collective responsibility. Child protection is part of safeguarding and concerns action taken where a child is suffering, or is likely to suffer, significant harm. CurioCity Childcare recognises that effective safeguarding requires a child-centred and whole-family approach, clear leadership, professional curiosity, timely information sharing and effective work with other agencies.

The welfare of the child is paramount. Children will be listened to, taken seriously and supported in a way that reflects their age, development, communication needs, culture, identity and lived experience. Practitioners must not allow fear of damaging relationships with adults to prevent them from acting to protect a child.

CurioCity Childcare will:

- create an environment in which children feel secure, valued, respected and confident to communicate;
- encourage children's independence, autonomy, confidence and positive self-image in ways appropriate to their age and development;
- provide safe and effective care and maintain an open safeguarding culture;
- listen to children and respond to verbal and non-verbal communication;
- identify emerging needs and provide or seek family help at the earliest appropriate stage;
- challenge racism, discrimination, prejudice and harmful assumptions;
- share information lawfully and proportionately where this is necessary to safeguard a child;
- work with parents, carers, children, social care, health, police, Ofsted. Local authority and other relevant agencies;
- ensure that safeguarding concerns are recorded, acted upon, reviewed and escalated where necessary.

This policy must be read with the setting's other policies and procedures, particularly those listed in Appendix 4. Where policies overlap, the course of action that best protects the child must be followed.

2. Scope, definitions and legal framework

This policy applies to all children attending the setting and to unborn children where concerns arise about their future safety or welfare. It applies to all people working in or connected with the setting, whether paid or unpaid.

A child is anyone under 18. Abuse may be caused by an adult or by another child. It may occur in the family, community, institution, online, through technology, or across more than one context. A child may experience several forms of harm at the same time.

Key legal and statutory framework

- Children Act 1989 and Children Act 2004;
- Childcare Act 2006 and relevant regulations, including the Childcare (Disqualification) and Childcare (Early Years Provision Free of Charge) Regulations 2018;
- Early Years Foundation Stage statutory framework for group and school-based providers, effective from 1 September 2026;
- Working Together to Safeguard Children 2026;
- London Child Protection Procedures and Islington Safeguarding Children Partnership procedures and thresholds;
- Counter-Terrorism and Security Act 2015 and current Prevent duty guidance;
- Domestic Abuse Act 2021;
- Female Genital Mutilation Act 2003 and Serious Crime Act 2015;
- Sexual Offences Act 2003;
- Safeguarding Vulnerable Groups Act 2006, Protection of Freedoms Act 2012 and DBS referral requirements;
- Equality Act 2010, Human Rights Act 1998, Data Protection Act 2018 and UK GDPR;
- Crime and Policing Act 2026 and any commencement regulations or statutory guidance relevant to mandatory reporting and regulated activity;
- Ofsted early years inspection toolkit, operating guide and inspection information in force from September 2026.

Keeping Children Safe in Education is written for schools and colleges. Where it provides useful practice guidance, the setting may have regard to it, but the EYFS and Working Together are the principal statutory sources for this early years provision.

3. Roles, responsibilities and safeguarding culture

The registered provider and senior leaders are accountable for ensuring that safeguarding arrangements are effective, understood and implemented. They will ensure sufficient staffing, resources, training, supervision, record security and management oversight.

All practitioners must:

- know the identity of the DSL and deputy DSL and how to contact them;
- read and understand this policy, the staff code of conduct, whistleblowing procedure and relevant safeguarding updates;
- remain alert to signs of abuse, neglect, exploitation, discrimination and unsafe care;
- report concerns immediately and never assume that someone else has acted;
- maintain professional boundaries and report low-level concerns about adult conduct;
- cooperate with statutory agencies and preserve evidence;

- avoid investigating, leading questions, promises of secrecy or confrontation of an alleged perpetrator;
- act directly if a child is in immediate danger or if the DSL is unavailable or does not act.

Leaders will foster a culture in which staff can raise concerns without fear of retaliation, professional challenge is welcomed, and safeguarding practice is regularly tested through supervision, case review, staff discussion and audit.

4. Designated Safeguarding Lead arrangements

The DSL is Nair Pires D R Fernandes-London. The deputy DSL is Gabby London and Clare Nalukwago. At least one trained DSL or deputy will be available during operating hours, including by agreed remote contact where this is lawful and appropriate.
The DSL will:

- take lead responsibility for safeguarding and child protection;
- provide advice and support and ensure concerns are assessed promptly;
- make or oversee referrals and ensure that urgent action is not delayed;
- liaise with Children's Social Care, the LADO, police, health, Ofsted and other agencies;
- maintain secure, accurate and chronological records, including reasons for decisions;
- monitor attendance, repeated injuries, changes in behaviour and patterns across children, families, staff and locations;
- ensure safeguarding records transfer securely when a child moves setting or school;
- ensure staff receive induction, refresher training, updates and opportunities to discuss safeguarding;
- review the effectiveness of policy and practice and escalate professional disagreement;
- ensure suitable cover whenever the DSL is absent.

The DSL role does not remove the responsibility of individual practitioners to refer directly to Children's Social Care or police where necessary.

5. Recognising abuse, neglect and wider safeguarding risks

Abuse and neglect are forms of maltreatment. A person may harm a child by inflicting harm or by failing to prevent harm. Indicators are not proof and must be considered alongside the child's age, development, context and lived experience. Absence of a visible injury does not mean that a child is safe.

The four main categories

Physical abuse: Hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, inappropriate restraint, or otherwise causing physical harm. Physical harm may also be caused through fabricated or induced illness.

Emotional abuse: Persistent emotional maltreatment that adversely affects emotional development, including humiliation, rejection, intimidation, exposure to domestic abuse, coercive control, age-inappropriate expectations, silencing, discrimination or preventing normal social interaction.
Sexual abuse: Forcing or enticing a child to take part in sexual activities, whether or not the child understands what is happening. It includes contact and non-contact abuse, grooming, online abuse, involving children in sexual images, and harmful sexual behaviour by other children.
Neglect: Persistent failure to meet a child's basic physical or psychological needs, including food, clothing, shelter, supervision, medical care, emotional responsiveness, education or protection from danger. Neglect may begin during pregnancy.

The setting also recognises wider and overlapping risks, including bullying, domestic abuse, coercive control, child-on-child abuse, online harm, exploitation, trafficking, county lines, cuckooing, FGM, breast flattening, forced marriage, honour-based abuse, radicalisation, abuse linked to faith or belief, racism and discrimination, fabricated or induced illness, parental substance misuse or mental ill-health, homelessness, parental imprisonment, private fostering, unsafe sleep and eating practices, and risks linked to SEND or communication difficulties.
The detailed descriptions and indicators previously included in this policy are retained and updated in Appendix 3.

6. Responding to concerns and disclosures

Any concern must be taken seriously and reported to the DSL immediately. Where a child is in immediate danger, staff must call 999 and then inform the DSL.

When a child communicates a concern

- stay calm and listen carefully;
- allow the child to speak at their own pace;
- use only open prompts needed to clarify, such as "Tell me what happened";
- do not ask leading or repeated questions;
- do not promise secrecy; explain that information will be shared only with people who need to help;
- reassure the child that they were right to tell and are not to blame;
- do not express shock, disbelief or judgement;
- do not investigate, confront anyone or ask the child to repeat the account unnecessarily;
- record the child's exact words and the circumstances as soon as possible;
- report immediately to the DSL.

Staff must not photograph injuries using a personal device or a nursery device. Body maps or photographs may only be used in accordance with setting procedures, lawful authority and advice from safeguarding agencies.

Concern without a disclosure

Staff must record what they have seen, heard or noticed objectively. Concerns may arise from behaviour, appearance, attendance, interactions, comments, family circumstances, online activity, repeated minor incidents or a practitioner's professional intuition. Staff should not wait for proof or for a pattern to become severe before reporting.

7. Referral, escalation, family help and multi-agency working

The DSL will consider the concern against local thresholds and decide whether the child requires family help, section 17 support, child protection action, police involvement, health assessment or another response. A referral must be made without delay where a child is suffering or is likely to suffer significant harm.

Parental consent should normally be sought for family help and non-protective services. Consent is not required for a child-protection referral where seeking it may place a child or another person at increased risk, cause delay, interfere with an investigation or is otherwise not in the child's best interests.

Where a referral is not accepted or the response does not adequately address the risk, the DSL will use the Islington escalation or professional disagreement process. Staff may refer directly if they remain concerned.

The setting will cooperate with strategy discussions, assessments, child protection conferences, family help plans, core groups and other multi-agency processes. The child's voice, daily lived experience and the impact of cumulative harm will be clearly communicated.

8. Recording, confidentiality and information sharing

Safeguarding records must be factual, dated, timed, signed or attributable, chronological and stored separately from routine learning records with access limited to those who need it.

Records should include:

- the child's name, date of birth, address and relevant family details;
- date, time and place of the observation, incident or disclosure;
- the child's exact words and any non-verbal communication;
- objective description and location of injuries, marks or behaviour;
- witnesses and the person to whom the concern was reported;
- actions taken, referrals, consultations and advice received;
- whether parents were informed and, if not, why not;
- the rationale for decisions, including decisions not to refer;
- review dates, outcomes and further actions.

Information may be shared without consent where necessary to safeguard a child. Data protection law does not prevent proportionate information sharing for safeguarding purposes. Information must be relevant, accurate, timely, secure and limited to what is necessary.
Parents do not have an automatic right to every safeguarding record. Requests will be handled under data protection law and may be restricted where disclosure could endanger a child or another person, reveal protected third-party information or prejudice an investigation.
Safeguarding records will be retained and transferred in line with legal, local authority and record-retention requirements. Records relating to allegations against adults will be retained for the applicable statutory period and reviewed before disclosure in references.

9. Informing and working with parents and carers

Parents and carers are usually informed when a concern is raised and are treated respectfully and without judgement. They will not be informed before referral where doing so may place a child or another person at risk, lead to evidence being lost, prejudice an investigation, trigger flight or retaliation, or conflict with agency advice.
The setting will continue to support the child and family during enquiries unless instructed otherwise. Staff must not make public or private comments, gossip or speculate about alleged behaviour.
Court orders, parental responsibility, collection restrictions, confidential addresses and domestic-abuse safety arrangements will be recorded and followed. The setting will not mediate disputes between adults where this could compromise safety.

10. Attendance, unexplained absence and children missing from education or care

The setting monitors attendance and absence as a safeguarding responsibility. Parents should notify the setting of planned absence, sickness or changes to the child's usual attendance.
If a child has not arrived by 10am or within one hour of the expected start time and no explanation has been received, staff will contact the parents and then emergency contacts until the child's safety is confirmed. The response will be earlier where the child is particularly vulnerable or where an individual plan requires this.
Where contact cannot be established, the DSL will assess risk and may contact Children's Social Care or police. Absence involving a child subject to a child protection plan, during referral or assessment, or with an agreed safety plan will be reported immediately in accordance with that plan.

Patterns such as repeated absence, late collection, unexplained holidays, frequent moves, changing addresses, transport by unknown adults or withdrawal from provision will be reviewed for safeguarding significance.

11. Children with SEND, communication needs and additional vulnerabilities

Children with SEND, disabilities, medical conditions or communication differences may face additional barriers to recognition and disclosure. Behaviour, distress or injury must not be automatically attributed to disability or developmental needs.

- staff will use appropriate communication systems, visual supports, interpreters or specialist advice;
- the child's usual presentation and communication will be understood and changes recorded;
- intimate care, sensory needs, medication and physical support will be individually planned and reviewed;
- staff will consider increased dependency on adults, isolation, bullying, restraint, online risk and inability to verbalise harm;
- risk assessment and support will be coordinated with parents and relevant professionals without delaying protective action.

12. Child-on-child abuse and harmful sexual behaviour

Children can abuse other children. All concerns will be taken seriously and will not be dismissed as play, experimentation or "children being children".

This includes physical abuse, bullying, prejudiced or discriminatory behaviour, sexualised behaviour, coercion, harmful sexual behaviour, online harm, image sharing, intimidation and exploitation.

The setting will:

- protect and support the child who may have been harmed;
- assess the needs and safety of the child displaying harmful behaviour;
- consider age, development, consent, repetition, secrecy, coercion, power imbalance and impact;
- keep separate and accurate records for each child;
- complete and review risk assessments and supervision arrangements;
- involve parents where safe and appropriate;
- seek advice or refer to social care or police where thresholds are met;
- avoid forcing reconciliation or shared discussion where this is unsafe.

13. Online safety, devices, images, CCTV, AI and screen use

Online safety is part of safeguarding. The setting's online safety, acceptable use, image and CCTV procedures apply to staff, children and visitors.

- Personal phones, cameras and smart devices must not be used to photograph, record or communicate about children.
- Images and recordings may only be taken on authorised setting devices for an approved purpose, with appropriate consent and secure storage.
- Children's information, images or recordings must not be uploaded to personal accounts, unapproved cloud services, generative AI tools or public platforms.
- Staff must not communicate with families through personal social-media accounts or personal messaging unless expressly authorised under a secure setting procedure.
- CCTV access, retention, disclosure and security will comply with data protection law and the setting's CCTV policy.
- Suspected online grooming, sexual imagery, harmful content or technology-facilitated abuse will be reported through safeguarding procedures and preserved as evidence without unnecessary viewing or sharing.
- From 1 September 2026, the setting will have regard to Department for Education guidance on screen use in early years settings. Screen use will be purposeful, limited, supervised, age-appropriate and balanced with interaction, physical activity, sleep and play.

14. Domestic abuse, coercive control and family-related harms

Children are victims of domestic abuse in their own right where they see, hear or experience its effects. Concerns include physical violence, coercive or controlling behaviour, emotional abuse, economic abuse, stalking, harassment and post-separation abuse.

Staff will consider safe communication, collection arrangements, confidential information, court orders, parental responsibility and risk to the non-abusing parent. The alleged perpetrator will not be confronted. Relevant local procedures, including Operation Encompass where applicable, will be followed.

15. Exploitation, trafficking, county lines and contextual safeguarding

The policy retains its coverage of county lines, child criminal exploitation, cuckooing, trafficking, slavery and contextual safeguarding. Exploitation may occur without physical contact and may appear consensual because of grooming, coercion, deception or power imbalance.

Indicators may include changing addresses, unknown adults or vehicles, unexplained possessions, injuries, absence, withdrawal, substance misuse, anti-social behaviour, new

associates or concerning online activity. Concerns will be reported through the same safeguarding pathway and assessed in the child's family, peer, community and online contexts.

16. FGM, honour-based abuse, forced marriage and abuse linked to faith or belief

FGM is illegal and is a form of child abuse. It is also illegal to arrange for a child to be taken abroad for FGM. Concerns about planned or completed FGM must be referred immediately. Staff will follow any personal mandatory reporting duty that applies to them.

The setting also recognises breast flattening, forced marriage, honour-based abuse and abuse linked to faith or belief, including accusations of possession or witchcraft and harmful rituals. Culture, religion or family honour never justify abuse.

The previous policy's reference to "gender transformation" is replaced with respectful, non-stigmatising language. Breast binding associated with identity must not be confused with abusive breast flattening, though any health or safeguarding concern should be responded to appropriately.

17. Prevent duty and radicalisation

Under the Counter-Terrorism and Security Act 2015, the setting will have due regard to preventing people from being drawn into terrorism. Concerns may arise from changes in behaviour, concerning comments, family or community influence, online material or attempts to isolate or indoctrinate a child.

Concerns will be discussed with the DSL and referred through local Prevent or safeguarding procedures. Immediate threats will be reported to police. Prevent concerns will be handled proportionately and without stereotyping or discrimination.

18. Safer recruitment, suitability and ongoing monitoring

CurioCity Childcare will operate safer recruitment procedures designed to deter, identify and reject unsuitable applicants.

- Job information will state the setting's safeguarding commitment and that relevant roles are exempt from the Rehabilitation of Offenders Act.
- Identity, right to work, employment history, qualifications, professional status and suitability will be checked.
- Formal written references will be obtained directly from referees, independently verified and scrutinised before appointment. Open or applicant-supplied references will not be accepted without verification.
- At least one interviewer will have appropriate safer recruitment training.

- From 1 September 2026, new employees must not commence employment before the required enhanced DBS check is received.
- Enhanced criminal-record checks will be obtained for volunteers, including supervised volunteers, in accordance with the EYFS and legislation.
- Students, trainees, apprentices, agency staff and contractors will be appropriately checked and supervised.
- Any gaps, discrepancies or concerns will be explored and recorded.
- Staff must disclose information that may affect suitability as required by the EYFS and employment arrangements.
- The setting will maintain a single central record or equivalent secure suitability register.
- DBS Update Service checks may be used where lawful and with consent. A routine three-year DBS renewal is not a substitute for ongoing suitability monitoring.
- Where a person is disqualified, dismissed or leaves in circumstances meeting the legal criteria, appropriate referrals will be made to DBS, Ofsted and other bodies.

19. Staff conduct, low-level concerns, allegations and whistleblowing

Low-level concerns

A low-level concern is behaviour by an adult working with children that is inconsistent with the staff code of conduct, including inappropriate conduct outside work, but may not meet the LADO harm threshold. Examples include over-familiarity, favouritism, humiliating language, inappropriate physical contact, personal-device use, boundary breaches or being alone with a child contrary to procedure.

Low-level concerns must be reported, recorded and reviewed for patterns. They may lead to management guidance, supervision, training, disciplinary action or referral to the LADO.

Allegations that an adult may have harmed a child

An allegation must be reported immediately to the manager or DSL. An allegation about the manager or DSL must be reported to the registered provider/deputy DSL and directly to the LADO where necessary. An allegation about the registered provider must be reported directly to the LADO and Ofsted.

The setting will not begin an internal investigation before obtaining LADO advice where the harm threshold may be met. Suspension is not automatic; risk will be assessed and alternatives considered. Any employment decision will follow LADO advice, evidence, fair disciplinary procedure and employment law.

Ofsted will be notified as soon as reasonably possible and within 14 days where required. From 1 September 2026, the EYFS notification requirement refers to

allegations of harm, rather than only serious harm, by anyone living, working or looking after children at the premises.
DBS and professional-body referrals will be made where legal criteria are met. Records will distinguish substantiated, unsubstantiated, unfounded, false and malicious allegations and will be retained lawfully.

Whistleblowing

All staff have the right and duty to raise concerns about unsafe practice, cover-up, failure to act or conduct by colleagues or leaders. Concerns may be raised with senior management, the registered provider, LADO, Ofsted, Children's Social Care, police or another prescribed body. No person will suffer detriment for raising a genuine concern in good faith.

20. Visitors, contractors, students, volunteers and agency staff

All visitors will sign in, verify identity where appropriate, wear identification and remain supervised unless their checks and role permit otherwise. Contractors will be managed so they cannot have unauthorised access to children or confidential information.
Volunteers and students will not be left unsupervised unless all legal requirements and a recorded risk assessment permit this. From September 2026, supervised status does not remove the requirement for the enhanced criminal-record check specified by the EYFS.
Agency staff must provide written confirmation of checks, identity and suitability before deployment. The setting remains responsible for induction, supervision and conduct while they are on site.

21. Intimate care, physical contact and restrictive intervention

Intimate care will preserve privacy, dignity, consent, safety and inclusion. It will be carried out by suitable staff following the child's plan and the setting's intimate-care procedure.

- Children will be encouraged to do as much as they can for themselves.
- Staff will explain what they are doing and respond to the child's communication and distress.
- Doors and privacy arrangements will protect dignity without creating avoidable isolation.
- Changes, injuries or concerning behaviour will be recorded and reported.
- Personal preferences will be respected unless they conflict with safety.
- Physical intervention will only be used when necessary to prevent immediate injury or serious damage, must be reasonable and proportionate, and will be recorded, reported and reviewed.

- Restrictive practices must never be used as punishment, for convenience or because of inadequate staffing.

22. Safer sleep

From 1 September 2026, explicit safer-sleep requirements form part of the EYFS. The setting will follow the EYFS and current NHS/Lullaby Trust-informed practice.

- Babies will be placed on their backs to sleep unless written medical advice specifies otherwise.
- Each baby will sleep on a firm, flat, clear and separate sleep surface appropriate to their age.
- Cots will be free from pillows, duvets, bumpers, loose bedding, toys, pods, nests and positioning devices.
- Babies' heads will remain uncovered and they will not be overdressed.
- Room temperature and the child's temperature, breathing, position and general wellbeing will be monitored.
- Sleep checks will be visual and physical at intervals appropriate to the child and risk, and will be recorded.
- Sleeping children will remain within effective sight and/or hearing and staffing arrangements will allow prompt response.
- Children who fall asleep in unsuitable equipment, including car seats or pushchairs, will be moved safely to an appropriate sleep surface as soon as practicable.
- Individual sleep plans will record medical needs, developmental factors and agreed routines, but parental requests that conflict with safe practice will not be followed.
- Staff will know how to respond to breathing difficulty, collapse or suspected sudden infant death and will call emergency services immediately.

23. Safer eating, weaning, allergies and choking

Children will be supervised closely while eating and drinking. Poor eating, weaning or sleep arrangements may constitute a safeguarding and welfare failure.

- Children will be seated safely and appropriately and will not eat while walking, playing or travelling unless a specific safe arrangement is in place.
- Staff will position themselves so children are within sight and hearing and can be reached immediately.
- Food will be prepared, cut and served in ways appropriate to age, development and individual needs.
- Known choking hazards will be controlled and children will not be given food beyond their safe developmental stage.
- Weaning will be agreed with parents and based on the child's readiness and individual needs.
- Allergy, intolerance, medical and cultural dietary information will be accurate, visible to relevant staff and reviewed.

- Cross-contamination controls and individual emergency plans will be followed.
- Staff supervising meals will know the child-choking response and appropriate paediatric first aid.
- Any choking incident, allergic reaction, near miss or unsafe practice will be recorded, reported and reviewed.

24. Collection, outings, transport and site security

Children will only be released to authorised persons in accordance with collection procedures, passwords, court orders and safeguarding plans. Identity will be checked where necessary. Concerns about an impaired, aggressive, unknown or unauthorised collector will be referred to the DSL and police where required.

Visitors and entry points will be controlled. Children will be counted and supervised during transitions, outings and transport. Risk assessments will address ratios, routes, vehicles, emergency contact, lost-child procedures, unknown adults and changing conditions.

A missing child, attempted abduction, unauthorised collection or child left unattended will be treated as an emergency, reported to police and parents, and notified to Ofsted where required.

25. Banned dogs and animals

From 1 September 2026, registered childcare must not be provided from premises where a prohibited banned dog breed is kept or present. The setting will verify that no banned dog is kept or brought onto the premises and will act immediately if one is present.

All animal contact will be risk assessed for temperament, supervision, hygiene, allergy, infection and injury. Children will never be left unsupervised with an animal.

26. Looked-after children, kinship care and private fostering

For looked-after children and children in kinship care, the setting will obtain and securely record the child's legal status, persons with parental responsibility, delegated authority, contact arrangements, social worker details and relevant care, protection or safety plans.

Possible private fostering arrangements will be reported to the local authority. Staff will remain alert to informal care arrangements, frequent changes of carer or children living with adults who are not close relatives.

27. Training, supervision and implementation

All staff will receive safeguarding induction before being left responsible for children. Training will meet the EYFS minimum requirements and will cover signs of abuse, reporting, referrals, disclosures, child-on-child abuse, online safety, Prevent, safer sleep, safer eating, whistleblowing, allegations, information sharing and local procedures.
The DSL and deputies will complete appropriate advanced training and regular updates. Staff knowledge will be refreshed through supervision, briefings, scenarios, quizzes, case reflection and policy acknowledgement.
Supervision will provide opportunities to discuss children, professional concerns, emotional impact, training needs and conduct. Leaders will act where staff do not understand or implement procedures.

28. Ofsted and other statutory notifications

The registered provider will notify Ofsted of significant events as soon as reasonably possible and always within 14 days where required. This includes relevant allegations of harm, serious accidents, injuries or illness, death, disqualification, suitability matters and other events specified by the EYFS or Ofsted guidance.
A child-protection referral about a child in the setting is not automatically an Ofsted-notifiable event, but related events may be. The provider will check current Ofsted guidance and record the decision.
LADO, Children's Social Care, police, DBS, insurers, commissioners and other bodies will be notified where their legal or contractual thresholds are met.

29. Local and national contacts

Service	Contact / action
Emergency	Police / ambulance: 999
Police non-emergency	101
Islington Children's Services Contact Team (CSCT)	020 7527 7400 (all hours); CSCTReferrals@islington.gov.uk; follow up safeguarding referrals with the current Request for Service form
Islington Safeguarding Children Partnership	iscp@islington.gov.uk; use current ISCP website and London Child Protection Procedures
Islington LADO	Use the current Islington LADO referral/contact route published by Islington Council/ISCP. Details must be checked at least annually and before use. LADO Timur Djavid
Ofsted	0300 123 4666; use the GOV.UK online service to report a serious childcare incident
NSPCC whistleblowing advice line	0800 028 0285
Childline	0800 1111
Prevent / Channel	Use the current Islington Prevent referral route; call police immediately where there is an urgent threat

30. Monitoring, audit and policy review

The registered provider and DSL will monitor implementation through:

- regular review of safeguarding records and decision-making;
- attendance and injury-pattern analysis;
- staff knowledge checks and supervision records;
- recruitment and suitability audits;
- review of allegations, low-level concerns, whistleblowing and complaints;
- sleep, eating, intimate-care, device and site-security observations;
- feedback from children, parents, staff and external professionals;
- learning from local and national reviews, incidents and Ofsted findings.

This policy will be reviewed at least annually and sooner following changes in law or guidance, an incident, allegation, complaint, safeguarding review, Ofsted action or identified weakness. Material changes will be communicated to staff and parents, and staff will confirm that they have read and understood the revised policy.

Appendix 1: Immediate safeguarding response flow

Stage	Required action
1. Immediate danger?	Call 999. Provide first aid if needed. Preserve evidence. Inform the DSL.
2. Listen and protect	Stay calm, listen, do not investigate or promise secrecy. Take immediate steps to keep the child safe.
3. Record	Write an objective, dated and timed record using the child's exact words.
4. Report	Tell the DSL immediately. Do not wait until the end of the day.
5. Assess and refer	DSL checks local threshold and contacts CSCT, police, LADO, Prevent or another agency as appropriate.
6. Inform parents?	Normally yes, unless this may increase risk, cause delay or prejudice an investigation.
7. Follow through	Record advice, decisions and rationale. Confirm referrals in writing and escalate if response is inadequate.
8. Support and review	Maintain safety plan, support the child and staff, monitor patterns and attend multi-agency processes.

Appendix 2: Recording checklist

Child's full name, date of birth, address and relevant carers;
Date, time and place;
Who was present;
Exact words used by the child;
Objective description of behaviour, injury or incident;
Body map where permitted and appropriate;
Immediate safety or first-aid action;
Who was informed and when;
Agency advice, referral details and reference numbers;
Parent/carer communication and reason if not informed;
Decision and rationale;
Follow-up action, review date and outcome;
Name, signature/secure identifier and role of recorder.

Appendix 3: Indicators and specific forms of harm

The following material retains and updates the substantive risk areas in the previous policy. Indicators are illustrative and not exhaustive.

General indicators

Failure to thrive or meet developmental milestones; fearful, withdrawn, unusually compliant or aggressive behaviour; unexplained or repeated injuries; conflicting explanations; untreated illness or injury; sudden behavioural or emotional change; regression; distress around a person, place, activity, changing or toileting.

Physical abuse and fabricated or induced illness

Bruising in unusual locations, burns, scalds, bites, fractures, poisoning, shaking, throwing, inappropriate restraint, repeated presentations, exaggerated or induced symptoms, unnecessary treatment-seeking, interference with tests or medication.

Sexual abuse

Sexualised language, knowledge, play or drawings beyond developmental expectation; genital pain, injury or discharge; sexually transmitted infection; distress during changing; avoidance or unusual attachment; grooming or online sexual contact.

Emotional abuse

Persistent criticism, rejection, intimidation, humiliation, silencing, exposure to domestic abuse, inappropriate expectations, emotional unavailability, scapegoating, discrimination or preventing normal interaction.

Neglect

Persistent hunger, poor hygiene, unsuitable clothing, untreated medical needs, inadequate supervision, unsafe home conditions, repeated absence, emotional unavailability, failure to protect from known danger.

FGM

Talk of a special procedure or celebration, planned travel, prolonged absence, difficulty walking or sitting, urinary problems, pain or changed behaviour. FGM may occur from infancy and may be carried out in the UK or abroad.

County lines and child criminal exploitation

Unknown adults or vehicles, changing addresses, unexplained money or possessions, absence, injuries, substance misuse, new associates, secrecy, fear, anti-social behaviour or concerning phone activity.

Cuckooing

Unusual visitors or vehicles at the family home, covered windows, family not seen, signs of drug use, intimidation or increased anti-social behaviour.

Breast flattening

Deliberate pressing, massaging, binding, heating or striking of developing breast tissue to delay development. This must be distinguished sensitively from voluntary binding, while responding to any health or safeguarding concern.

Contextual safeguarding

Risks in peer groups, neighbourhoods, transport, education, community spaces and online settings.

Domestic abuse and coercive control

Fear, aggression, withdrawal, hypervigilance, disrupted sleep, adult-like responsibility, collection concerns, controlling communication, stalking, harassment, economic abuse or post-separation abuse.

Abuse linked to faith or belief

Accusations of possession, witchcraft or evil; exorcism; fasting, beating, isolation, abandonment or harmful rituals.

Racism and discrimination

Racialised, faith-based, disability-related, sex-based or other harassment; institutional barriers; stereotyping; unequal responses to injury, behaviour or family circumstances.

Online harm

Grooming, coercion, sexual images, harmful content, cyberbullying, livestreaming, contact with unknown adults, exposure to extremist content, or uploading children's data to unsafe services.

Appendix 4: Linked policies and procedures

Staff Code of Conduct and Professional Boundaries
Whistleblowing
Low-Level Concerns and Allegations Against Staff
Safer Recruitment and Suitability
Online Safety and Acceptable Use
Mobile Phones, Cameras, Images, CCTV and Data Protection
Attendance and Unexplained Absence
Intimate Care and Nappy Changing
Safer Sleep
Food Safety, Safer Eating, Weaning, Allergies and Choking
Prevent Duty and Radicalisation

Domestic Abuse and Honour-Based Abuse
Human Trafficking and Modern Slavery
Behaviour, Child-on-Child Abuse and Harmful Sexual Behaviour
SEND and Inclusion
Physical Intervention and Restrictive Practice
Visitors, Contractors and Site Security
Outings, Transport, Collection and Missing Child
Complaints
Health and Safety, Animals and Banned Dogs
Record Retention and Information Sharing

Appendix 5: Key statutory and practice references

Department for Education, Early Years Foundation Stage statutory framework for group and school-based providers, effective 1 September 2026.
Department for Education, Working Together to Safeguard Children 2026.
Department for Education, Changes to the EYFS framework from 1 September 2026.
Ofsted, Early years inspection toolkit, operating guide and inspection information for use from September 2026.
Ofsted, Report a serious childcare incident and significant events guidance.
London Child Protection Procedures, 8th edition 2026.
Islington Safeguarding Children Partnership procedures, threshold and escalation guidance.
Current Prevent duty guidance for England and Wales.
Department for Education information-sharing guidance in force at the time of use.
Current NHS and recognised safer-sleep and safer-eating guidance referred to by the EYFS.

Policy Adopted: March 2019
Policy Amended: February 2020
Policy Amended: September 2020
Policy Reviewed: September 2021
Policy Review: September 2022
Gabby London
Policy Reviewed: September 2023 by: Abraham
Policy Reviewed: January 2024 by: Abraham
Policy Reviewed: May 2024 by Nair
Policy Reviewed: November 2025 by Clare
Policy Reviewed: July 2026 Gabby London