

HUMPTY DUMPTY PRESCHOOL

SAFEGUARDING CHILDREN AND CHILD PROTECTION POLICY

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INTRODUCTION

Here at Humpty Dumpty Pre-school we will work with children, parents and the community to ensure the rights and safety of children and to give them the very best start in life. Our safeguarding policy is based on the five key commitments of the EYFS (2025) safeguarding and welfare requirements. We promote children's right to be strong, resilient and listened to by creating an environment in our setting that encourages children to develop a positive self-image, which includes their heritage arising from their colour and ethnicity, their languages spoken at home, their religious beliefs, cultural traditions and home background. We work with parents to build their understanding of, and commitment to, the principles of safeguarding all our children. We are committed to safeguarding children and young people and we expect everyone who works in our Pre-school to share this commitment. Adults in our Pre-school take all welfare concerns seriously and encourage children and young people to talk to us about anything that worries them. We will act in the best interests of the child.

PURPOSE & AIMS

1/ Safeguard Children

In relation to children and young people, safeguarding and promoting their welfare is defined in Keeping Children Safe in Education (September 2025) as:

- Protecting children from Maltreatment/Abuse/Neglect & Exploitation whether that is within or outside the home, including online.
- Providing help and support to meet the needs of children as soon as problems emerge.
- Preventing impairment of children's mental or physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care.
- Taking action to enable all children to have the best outcomes.

2/ Ensure the adults who have contact with children are suitable

- 3/ **Promote Good Health**
- 4/ **Support and understand behaviour**
- 5/ **Maintain records, policies**

Child Protection: relates to any child or young person (i.e. under 18 years of age) who has suffered from, or may be at risk of abuse: physical, emotional, sexual, neglect.

Specific Safeguarding Issues

Safeguarding action may be needed to protect children and learners from specific safeguarding issues such as:

- Abuse: Neglect, Exploitation, Physical, Sexual and Emotional
- Disguised compliance
- Children missing in Education (CME)
- Children who are home schooled ('Hidden Children')
- Radicalisation / extremism
- So-called 'Honour Based' Abuse
- Breast Ironing
- Mental health concerns including self-harm
- Bullying including on-line (cyber) bullying and prejudice-based bullying
- Racism, disability, homophobic or transphobic abuse
- Gender based violence/violence against women and girls
- Domestic abuse
- Poor parenting
- Child sexual exploitation (CSE)
- Child criminal exploitation (CCE)
- The impact of new technologies on sexual behaviour
- Substance misuse
- Female genital mutilation (FGM)
- Forced marriage
- Fabricated or induced illness
- Faith abuse
- Private fostering
- Sexting (Youth Produced Sexual Imagery)
- Peer on peer abuse/harms
- Teenage relationship abuse
- Serious violent crime (including gang violence and knife crime)
- Sexual violence
- Sexual harassment

- Sexual violence and harassment (harmful sexual behaviour) between children, including sexting (sending nude and semi-nude images and/or videos) and up skirting.
- Children with family members in prison
- Children and the court system
- Homelessness
- Adverse childhood experiences (ACEs)
- Trauma and Attachment issues
- Up Skirting
- Knife crime
- County Lines
- Child Abduction and community safety incidents
- Modern slavery
- Cyber crime

Recognition/Signs of Abuse

The first indication of concern about a child's welfare is not necessarily the presence of a serious injury. Many other signs, could be an indication of abuse, these may include:

- Children whose behaviour changes – they may become aggressive, challenging, disruptive, withdrawn, or clingy, or they might have difficulty sleeping or start wetting the bed.
- Children with clothes that are ill fitting and/or dirty
- Children with consistently poor hygiene
- Children who make strong efforts to avoid specific family members or friends without an obvious reason
- Children who don't want to change clothes in front of others or participate in physical activities.
- Children who are having problems at nursery, for example, a sudden lack of concentration and learning or they appear to be tired and hungry
- Children who change friendships or have relationships with older individuals or groups
- Children who have a significant decline in performance
- Children who show signs of self-harm or significant change in wellbeing
- Children who show signs of assault or unexplained injuries
- Children who have unexplained gifts or new possessions
- Children who talk about being left home alone, with inappropriate carers or with strangers
- Children who fail to reach developmental milestones, such as learning to speak or walk, late, with no medical reason
- Children who are regularly missing from nursery or home
- Children who are missing from education
- Children who are reluctant to go home after school

- Children with poor school attendance and punctuality, or who are consistently late being picked up.
- Parents who are dismissive and non-responsive to practitioners' concerns
- Parents who collect their children from nursery when drunk, or under the influence of drugs
- Children who drink alcohol regularly from an early age
- Children who are concerned for younger siblings without explaining why
- Children who talk about running away
- Children who shy away from being touched or flinch at sudden movements.

Please note this is not an exhaustive list.

FEMALE GENITAL MUTILATION

Female genital mutilation refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The practice is illegal in the UK.

FGM typically takes place between birth and around 15 years old; however, it is believed that the majority of cases happen between the ages of 5 and 8.

Risk factors for FGM include:

- Low level of integration into UK society
- Mother or a sister who has undergone FGM
- Girls who are withdrawn from PSHE
- A visiting female elder from the country of origin
- Being taken on a long holiday to the country of origin
- Talk about a special procedure to become a woman

Symptoms of FGM

FGM may be likely if there is a visiting female elder, there is talk of a special procedure or celebration to become a woman, or parents wish to take their daughter out of school to visit an 'at risk' country (especially before the summer holidays), or parents who wish to withdraw their children from learning about FGM. Staff should not assume that FGM only happens outside the UK

Indications that FGM may have already taken place may include:

- Difficulty walking, sitting or standing and may even look uncomfortable.
- Spending longer than normal in the bathroom or toilet due to difficulties urinating.

- Spending long periods of time away from the classroom during the day with bladder or menstrual problems.
- Frequent urinary, menstrual or stomach problems
- Prolonged or repeated absences from school or college, especially noticeable behaviour changes (withdrawn or depression) on the girls return.
- Reluctance to undergo normal medical examinations.
- Confiding in a professional without being explicit about the problem due to embarrassment or fear.
- Talking about pain or discomfort between her legs.

The Serious Crime Act 2015 sets out a duty on professionals (including teachers) to notify police when they discover that FGM appears to have been carried out on a girl under the age of 18. Teachers must personally report to the police cases where they discover that an act of FGM appears to have been carried out, and discuss any such cases with the safeguarding lead and children'

ROLE OF THE DESIGNATED SAFEGUARDING LEADS

The Designated Safeguarding Lead (and deputies) has the responsibilities for Safeguarding and Child Protection. Our designated persons are:

Jackie Barge/Gill Mankertz and Vicki Mankertz 07729 434226

Staff should share any concerns they have about a child with the Designated Safeguarding Lead. However, it should be remembered "that sometimes children will not feel ready or know how to tell someone that they are being abused, exploited, or neglected, and/or they may not recognise their experiences as harmful... This should not prevent staff from having a professional curiosity and speak to the DSL

Managing Referrals

The Designated Safeguarding Lead (or deputies) will refer cases:

- Of suspected abuse and neglect to the Children's First Contact Service (CFCS) as required and support staff who make referrals to CFCS – 020 8770 6001 childrensfirstcontactservice@sutton.gov.uk
- To the Channel Programme where there is a radicalisation concern as required and support staff who make referrals to the Channel Programme – CFCS – 020 8770 6001
- Where a person is dismissed or left due to risk/harm to a child, this is notified to the Disclosure and Barring Service as required: and
- Where a crime may have been committed to the Police as required – 999/112 (emergency) 111 (non emergency)
- LSCP Multi-Agency Threshold Guidance Act 2020

Working with others

The Designated Safeguarding Lead (or deputies) will:

- Act as a source of support, advice and expertise for all staff
- Act as a point of contact with the safeguarding partners
- As required, liaise with the “case manager” and Local Authority Designated Officers (LADO) for child protection concerns in cases which concern a staff member. – LADO – 020 8770 4776
- Liaise with staff on matters of safety and safeguarding and welfare (including, online and digital safety – see the E-Safety Policy – in Staff Handbook) and when deciding whether to make a referral by liaising with relevant agencies so that children’s needs are considered holistically.
- Promote supportive engagement with parents and / or carers in safeguarding and promoting the welfare of children, including where families may be facing challenging circumstances.

Information sharing and managing the child protection file

The Designated Safeguarding Lead is responsible for ensuring that child protection files are kept up to date. Information should be kept confidential and stored securely. Concerns and referrals will be kept in a separate child protection file for each child as referred to DfE guidelines information sharing advice for practitioners providing safeguarding services to children.

Information sharing: advice for practitioners publishing.service.gov.uk

Records will include:

- A clear comprehensive summary of concern
- Details of how the concern was followed up and resolved
- A note of any action taken, decisions reached and the outcome.

The file will only be accessed by those who need to see it.

Where children leave the nursery, the Designated Safeguarding Lead (or deputies) will ensure their child protection file is transferred to the new nursery/school as soon as possible. The child protection file is transferred to the new nursery/school separately from the main child’s file, ensuring secure transit and hand over.

In addition to the child protection file, the Designated Safeguarding Lead (or deputies) will also consider if it would be appropriate to share any additional information with the new

nursery/school in advance of the child leaving to help them put in place the right support to safeguard this child and to help the child thrive in the nursery/school.

Raising awareness

The Designated Safeguarding Lead (or deputies) will:

- Ensure each member of staff has access to, and understands, the nursery's child protection policy and procedures, especially new and part time staff.
- Ensure the nursery's child protection policy is reviewed annually (as a minimum) and the procedures and implementation are updated and reviewed regularly
- Ensure the child protection policy is available publicly (website) and parents and carers are aware the fact that referrals about suspected abuse or neglect may be made and the role of the nursery in this.

Making a referral to the local authority social care team.

We report and get our advice from CFCS Children's First Contact Service. They will then advise us what to do. CFCS – 020 8770 6001 – childrensfirstcontactservices@sutton.gov.uk

Liaison with other agencies

We work within the Local Safeguarding Children's Partnership guidelines.

We have a copy of 'what to do if you're worried a child is being abused' for parents and staff and all staff are familiar with what to do if they have any concerns.

We have procedures for contacting the local authority on child protection issues, including maintaining a list of names, addresses and telephone numbers of social workers, to ensure that it is easy, in any emergency, for the setting and social services to work well together.

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

Contact details for the local National Society for the Prevention of Cruelty to Children (NSPCC) - 0808 8005000

If a referral is to be made to the local authority social care department, we act within the area's Safeguarding Children and Child Protection guidance in deciding whether we must inform the child's parents at the same time.

Holding and sharing information

The designated safeguarding lead is equipped to:

- Understand the importance of information sharing, both within the nursery, and with other nurseries and schools on transfer, with other agencies, organisations and practitioners.
- Understand relevant data protection legislation and regulations, especially the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR); and
- Be able to keep detailed, accurate, secure written records of concerns and referrals and understand the purpose of this record-keeping.
- The Data Protection Act 2018 and UK GDPR do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to safeguard and promote the welfare and protect the safety of the children.

ALLEGATIONS AGAINST STAFF

If for any reason, there may be concerns about a member of staff, volunteer or work experience person, recognition may arise from a number of sources, e.g a report from a child, a parent, adult or another member of staff etc, these concerns/allegations of abuse must be reported immediately to the Designated Safeguarding Leads Jackie Barge/Gillian Mankertz or Deputy Lead Vicki Mankertz. If the person the allegation is about is Jackie Barge you need to speak with Gill Mankertz, or if it is about Gill Mankertz you need to speak with Jackie Barge. This guidance should be followed where it is alleged that anyone working in the nursery including volunteers and work experience has:

- Behaved in a way that has harmed a child, or may have harmed a child and/or
- Possibly committed a criminal offence against or related to a child and/or
- Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children and/or
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

The Safeguarding Lead will always consult with the Local Authority Designated Office (LADO) within one working day. The LADO will conduct any investigation, convene a Senior Strategy Meeting and involve other agencies as appropriate. – LADO – 020 8770 4776

The Safeguarding Lead has to decide whether the concern is an allegation or low-level concern. The term “Low-Level” concern does not mean that it is insignificant, it means that

the behaviour towards a child does not meet the threshold for referral to the Local Authority Designated Officer (LADO) By having a discussion with the LADO, we are able to get assurance that the necessary action has been taken.

Before contacting the LADO we will conduct basic enquiries in line with local procedures to establish the facts to help them determine whether there is any foundation to the allegation, being careful not to jeopardize any future police investigation. The LADO's role is not to investigate the allegation, but to ensure that an appropriate investigation is carried out, whether that is by the Police, Children's Social Care, the Nursery or a combination of these. Concerns should be recorded in writing, including:

- Name* of individual sharing concern
- Details of the concern
- Context in which the concern arose
- Action taken
- Involve HR if needed

(* if the individual wishes to remain anonymous then that should be respected as far as reasonably possible)

If the concern has been raised via a third party, the Manager will collect as much evidence as possible by speaking:

- Directly to the person who raised the concern unless it has been raised anonymously
- To the individual involved and any witnesses

Staff will be encouraged and feel confident to self-refer, where, for example, they have found themselves in a situation which could be misinterpreted, might appear compromising to others, and/or on reflection they believe they have behaved in such a way that they consider falls below the expected professional standards.

Records must be kept confidential, held securely and comply with the Data Protection Act 2018

Records will be reviewed so that potential patterns of concerning, problematic, or inappropriate behaviour can be identified. If a concerning pattern of behaviour is identified and now meets the criteria for an allegation, then the matter should be referred to the LADO.

The procedures comply with guidance from 'Keeping Children Safe in Education (DfE the latest edition), 'Working Together to Safeguard Children and the Sutton Local Safeguarding Children Partnership procedures will be followed in all such cases – these are kept in the filing cabinet under the Managers desk.

If a member of staff believes a reported allegation or concern is not being dealt with appropriately, they should report the matter to the Local Authority Designated Officer (LADO) to get support and direction on how to proceed.

After the initial investigation, regardless of outcome, the CPU (Child Protection Unit), OFSTED and LADO will be informed about the allegations

Low-level Concern

Concerns may be graded Low-level if the concern does not meet the criteria for an allegation; and the person has acted in a way that is inconsistent with the Staff Code of Conduct, including inappropriate conduct outside of work.

Example behaviours include, but are not limited to:

- Being over friendly with children
- Having favourites
- Taking photographs of children on their mobile phones
- Engaging with a child on a one-to-one basis in a secluded area or behind a closed door; or
- Using inappropriate sexualised, intimidating, or offensive language
- Humiliating children

If the Safeguarding Lead 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 should consult with their LADO. We will contact the LADO to talk the concerns through for support and assurance purposes in all cases.

If the concern has been raised via a third party, the Safeguarding Lead will collect as much evidence as possible by speaking:

- Directly to the person who raised the concern unless it has been raised anonymously
- To the individual involved and any witness

DBS

Candidates are informed of the need to carry out DBS check before posts can be confirmed.

Where applications are rejected because of information that has been disclosed, applicants have the right to know and to challenge incorrect information.

We abide by Ofsted requirements in respect of references and DBS checks for staff and volunteers, to ensure that no disqualified person or unsuitable person works at the setting or has access to the children.

Volunteers do not work unsupervised.

We abide by the Protection of Vulnerable Groups Act requirements in respect of any person who is dismissed from our employment, or resigns in circumstances that would otherwise have led to dismissal for reasons of child protection concern.

We have procedures for recording the details of visitors to the setting.

We take security steps to ensure that we have control over who comes into the setting so that no unauthorised person has unsupervised access to the children.

WHISTLE BLOWING

It is important to provide a safe environment so staff can air concerns. We operate a Whistle Blowing Policy – please see your staff hand book – as a means for staff to raise concerns relating to their peers. The Manager/Deputy Manager will support this by ensuring staff feel confident in raising any worries as they arise in order to safeguard children in the nursery.

Whistle Blowing Policy – Staff Handbook

CHILD PROTECTION PROCEDURE

When a child discloses, or you are aware there is a safeguarding issue:

DO NOT DELAY

- Tell the Designated Safeguarding Lead as soon as you can, do not leave notes, interrupt them if necessary.
- Early referral gives more time to offer help to the child and family before the situation becomes more serious
- When the matter is already severe or serious, early referral gives more time for others to protect the child.
- The Designated Safeguarding Lead will consult the Children's First Contact Service (CFCS) – 020 8770 6001

MAKE WRITTEN NOTES

- At the earliest opportunity make a written record of your concerns, using a child concern form (APPENDIX A (1) – Page 25) record facts accurately and do not express opinion – these notes will help to ensure accuracy in recalling events later – notes should be legible, signed and dated/timed.
- Do not take photographs of any physical injuries, record on body map (APPENDIX A (2) – Page 25) Do not use audio to record disclosure.
- Any original notes must be given to the Designated Safeguarding Lead as soon as possible, and kept, even if you are using an online reporting system.

Concern from something the child says

Listen - do not ask questions or interrogate. Consider interpreting services if English is a second language. Reassure them that we believe them. Make a written record of the conversation and pass it to the Designated Safeguarding Lead.

Remain calm - if you are shocked, upset or angry the child will sense this, and this could stop them from saying more.

Reassure - the child has done nothing wrong – tell them it is alright to talk.

Do not promise to keep it secret - tell the child you cannot keep the matter secret and will need to take advice from someone who can help.

Referral process

Any member of staff can make a referral to the Children's First Contact Services (CFCS) or the Police, but they should always consult the Designated Safeguarding Lead wherever possible. CFCS – 020 8770 6001

The Designated staff may contact the Children's First Contact Services (CFCS) to make a referral or take advice or contact the child's social worker (if allocated)

If staff are concerned that the child or family involved have been exposed to radicalisation or extremist behaviour, then when making a referral, they will request a referral to the national PREVENT strategy at CFCS – 020 8770 6001 (Counterterrorism and Security Act 2015)

Remember

- If in doubt, consult
- Do not ignore concerns, even if these are vague
- The first responsibility of staff is to the child
- If you need help or support to manage your own feelings, this can usually be provided.

Contact with the family

Contact with the family should always be discussed with the Designated Safeguarding Lead, who may consult the Children's First Contact Service (CFCS).

In cases where a minor physical injury causes concern, then the nursery's policy for dealing with accidents should be followed. If the explanation suggests a non-accidental cause for the injury for a failure to protect a child from harm, advice must be taken immediately from the Children's First Contact Service (CFCS)

In cases of possible neglect or emotional abuse, the concern may have built up over a period of time. There may have been discussions previously between nursery staff and family about resources of help, but if concerns persist, the Designated Safeguarding Lead will need to refer to the Children's First Contact Service (CFCS) and will normally advise the family of this unless specifically told otherwise.

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In cases where there are suspicions of sexual abuse, the Designated Safeguarding Lead will seek immediate advice from the Children's First Contact Service before discussing this with the family.

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Recording

- All records, relating to child welfare concerns will be kept on the child's Child Protection File and the file will be kept secure – a chronology of concern will be kept by the Designated Safeguarding Lead.
- Written records of any concerns about children are kept, even where there is no need to refer the matter immediately.
- Information from record will be accessed on a "need to know" basis; access is strictly controlled by the Designated Safeguarding Lead.
- Key staff will need to know when a child is subject to a Child Protection Plan, so they can monitor the child's welfare.
- Records relating to the child's welfare will remain on the child's file as long as the child is a nursery.
- When the child leaves the nursery, the new nursery/school will be informed that the nursery records contain information about child protection concerns even where these are no longer current. Records will be sent to the new nursery/school in a way that is lawful in terms of data protection requirements.
- Records will be kept until the child is 18 years old.

Working with other agencies

- All nursery staff have a legal duty to assist local authority Children's Social Care or the Police when they are making enquiries about the welfare of children.
- Information about a child will only be shared on a "need to know" basis with other agencies.
- When telephone requests for information are received, we always maintain security checking the telephone number listing for the caller and calling back to a switchboard number before giving information or confirming the child is on the register.
- Always advise the Designated Safeguarding Lead about such requests for information.
- Requests for attendance at meetings about individual children (e.g. child protection conferences) should be notified to the Designated Safeguarding Lead, who will arrange preparation of a report and attendance at the meeting.
- Reports will contain information about the child's
 - Attendance
 - Behaviour
 - Relationships with other children and adults
 - Family
 - Any other relevant matter
 Reports will be objective, distinguishing between fact, observation, allegation and opinion
 Unless specified otherwise, reports will be made available for the child's family.

Children subject to a Child Protection Plan

- The nursery will be told by the relevant local authority when a child is subject to a Child Protection Plan.
- The name of the Key Social Worker will be clearly recorded on the child's record
- The nursery will participate fully in the work of Core Groups for these children, to assist with the objectives of the Child Protection Plan for the child.
- When a child is subject to a Child Protection Plan, the nursery will report all unexplained absences even if only for a day.
- When a child is subject to a Child Protection Plan leaves the nursery, all the child protection information will be transferred to any new nursery/school.

Responding to suspicions of abuse

All staff are aware that abuse, neglect and safeguarding issues are rarely standalone events that can be covered by one definition or label. In most cases multiple issues will overlap with one another.

Abuse: 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 the 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.

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 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 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 (also known as peer on peer abuse) in education and all staff should be aware of it and of the nursery's policy and procedure for dealing with it.

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 caregivers); or ensure access to appropriate medical care or treatment, it may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

When children are suffering from physical, sexual or emotional abuse, or may be experiencing neglect, this may be demonstrated through the things they say (direct or indirect disclosure) or through changes in their appearance, their behaviour, or their play.

Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including where they see, hear or experience its effects.

Where such evidence is apparent, the child's key person makes a dated record of the details of the concern and discusses what to do with the Manager who is acting as the designated person. The information is stored on the child's personal file.

We refer concerns to the local authority children's social care department (CFCS) and co-operate fully in any subsequent investigation. In some cases this will include the police, Ofsted or another agency identified by the Local Safeguarding Children's Board.

We take care not to influence the outcome either through the way we speak to children or by asking questions of children.

We use the detailed procedures and reporting format contained in the Pre-school Learning Alliance's publication 'Child Protection Record for use in Early Years Settings' when making a referral to children's social care or other appropriate agencies.

SAFER RECRUITMENT

We ensure that any staff we take on are suitable for the role, we make sure they have the relevant qualifications, and have evidence of these. We obtain references before they are recruited. We do not allow applicants to get their own references,, they can not be from a family member. One of the references must definitely be from their current employer. If the applicant is suitable we wait until DBS checks have come back before letting them start.

STAFF INDUCTION

The Manager will conduct thorough inductions for all new staff so they have an understanding of their roles and responsibilities, operational procedures, health and safety as well as intimate care routines, safeguarding procedures and anti-discriminatory practice. New staff will be helped to settle into their new job by familiarising them with:

- The job, the work environment and operational procedures
- The other members of staff they will be working with
- Essential information regarding policies which they will read, discuss and sign
- The staff handbook
- Their conditions of employment
- Information about the children they will care for and their parents
- How to safeguard children in their care and follow safeguarding Children Policy and intimate care routines
- They are aware of the importance of confidentiality
- A mentor, who will be appointed to each new member of staff and provide continued support and constructive feedback along with general guidance.
- Over the induction period an induction checklist will be filled out by the mentor and new staff.

Mentoring

The purpose of mentoring is to offer support and improve the quality of care. Mentor support includes, ongoing supervision, work based observations and constructive feedback.

- The new member of staff will receive regular informal meetings with their mentor during the first month of their induction period
- The new member of staff will meet with the Nursery Manager at the end of the first week of their induction period and at the end of the first month to check that the induction process is going well and the checklist is completed

Probation Period

We will use the 3 months probationary period to assess the suitability of a new member of staff for the post. The Manager will assess the new member of staffs performance and competence to ensure they meet the required standards. During this probationary period the new member of staff will continue to be supervised by their mentor. Staff performance will also be assessed periodically by the Manager and areas for personal development highlighted.

Student and Volunteer Inductions

All students/volunteers will also receive an interview to ensure they are suitable for the nursery, an induction process to ensure they fully understand and are able to implement the nursery procedures, working practices and values. All students will be fully supervised to ensure they receive the appropriate support, training and information they may require.

SUPERVISION MEETINGS/APPRAISALS

We have supervision meetings once every ½ term, for this staff will be expected to:

- Prepare for each supervision meeting by reviewing notes from the previous meeting and think about things they want to raise and discuss.
- During the consultation time, the Manager would encourage reflective practice in the nursery to be open about what has gone well and what the member of staff has found difficult.
- Be ready to start targets and undertake training and other development activities as agreed
- Make sure the staff follow through and complete any actions as agreed

We will also discuss:

- Providing support to staff
- Give opportunities to staff to discuss concerns/sensitive issues
- Identify strengths and areas for development
- Identify any coaching or mentoring needs
- Highlight training needs
- Support staff with their development needs
- Share successes
- Identify any children that need support
- Discuss any safeguarding concerns
- Support staff with their own self reflection
- Ensure issues/problems are solved

STAFF TRAINING

Induction Training

- All new staff members receive mandatory induction training covering organisational values, safeguarding, health and safety, data protection, equality and diversity and role-specific requirements.
- Induction ensures that practitioners understand both regulatory and obligations and organisational standards.

Induction Policy – Staff Handbook.

Core Training Modules

- Safeguarding training for all staff is every 3 years. Safeguarding training for the DSL staff is every term.
- Confidentiality and GDPR training is done every year.
- Equality, diversity and inclusion (EDI) is done every year.
- Health, safety and wellbeing in the workplace is done every year.

Continuing Professional Development (CPD)

- Access to accredited external training (Noodle Now) is provided to ensure up to date practice.

Embedding Training into Daily Work

- Supervisors and Managers ensure that staff apply training by integrating learning outcomes into performance objectives.
- Staff are encouraged to share best practice through peer learning sessions and staff meetings
- Staff are asked to complete two training courses with our online course company Noodle Now every month.

Monitoring and Evaluation

- Staff performance appraisals/supervision meetings include a review of training uptake and practical application.

Supervision and mentoring

- Staff receive regular one to one supervision meetings to discuss casework, reflect on practice, and identify areas for further development.

Children with Special Educational Needs or Disabilities (SEND) or certain health conditions.

Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges. 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 condition without further exploration.
- These children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children.
- The potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs; and
- Communication barriers and difficulties in managing or reporting these challenges.

In our nursery we identify children who might need more support to be kept safe or to keep themselves safe. We do this in the following ways:

- Children will have a familiar adult to support with communication through simple language.
- Extra one to one support for children with SEN and Disabilities
- Use of visual aids and sign language to support understanding where required.
- Children are carefully monitored and observed to provide a full picture of their behaviour and mannerism so that any changes are noted, and a comparison can be made.
- The use of body maps, visuals and sign language are used to allow children to communicate their needs or concerns.
- The use of social stories is regularly used to support appropriate and inappropriate behaviour – such as bullying and keeping safe.

Children missing in Education (CME) and Elective Home Education (EHE)

Knowing where children are during nursery hours is an extremely important aspect of safeguarding. Missing nursery can be an indicator of abuse and neglect and may also raise concerns about other safeguarding issues, including the criminal exploitation of children.

We monitor attendance carefully and address poor or irregular attendance without delay. We will always follow up with parents/carers when pupils are not at nursery. This means we need to have at least two up to date contact numbers for parents/carers. Parents should remember to update the nursery as soon as possible if their numbers change.

In response to the guidance in Keeping Children Safe in Education (latest edition) the nursery has:

1. Staff who understand what to do when children do not attend regularly.
2. Appropriate policies, procedures and responses for children who go missing from education (especially on repeat occasions)
3. Staff who know the signs and triggers for travelling to conflict zones as well as an awareness of breast ironing and honour based abuse (including FGM and forced marriage)

Looked After Children

Definition of Looked after Children (LAC) Children and young people become “looked after” if they have either been taken into care by the Local Authority, or have been accommodated by the Local Authority (a voluntary care arrangement). Most LAC will be living in foster homes, but a smaller number may be in a children’s home, living with a relative or even placed back home with their natural parents.

We recognise that children who are being looked after have often experienced traumatic situations, physical, emotional or sexual abuse or neglect. However, we also recognise that not all looked after children have experienced abuse and that there are a range of reasons for children to be taken in to the care of the Local Authority

Previously Looked After Children

The designated lead staff are also responsible for Previously Looked after Children.

A previously looked-after child is one who is no longer looked after in England and Wales because s/he is the subject of an adoption, special guardianship or child arrangements order which includes arrangements relating to with whom the child is to live, or when the child is to live with any person, or has been adopted from ‘state care’ outside England and Wales; and a child is in ‘state care’ outside England and Wales if s/he is in the care of or accommodated by a public authority, a religious organisation or any other organisation the sole or main purpose of which is to benefit society.

Intimate Care and Physical Contact

Intimate care is defined as care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene.

This Policy is designed to act as a guideline for anyone with responsibility of the intimate care of the children at Humpty Dumpty Pre-school. It outlines the guidelines for best practice.

Only Humpty Dumpty staff with a full and current DBS check is able to carry out this sort of care.

Children who are not yet toilet trained will not be excluded from any activity in the nursery.

Intimate care is discussed with all employees during their induction. Staff receive regular supervision and appraisals, which are used to identify any areas for development or further training.

All staff wear protective gloves and aprons for nappy changes, administering first aid or cleaning a child who has soiled themselves.

- Every child is to be treated with dignity and respect. Privacy is ensured appropriate to the child's age and situation. We have separate toilets with doors for the children to use.
- Nappies are changed in the nappy changing room (disabled toilet) on a designated mat. This is enclosed enough to give the child privacy, yet are not out of sight of another member of staff.
- The child should be involved as much as possible in his or her intimate care. Allow the child to be as independent as possible. This can be for tasks such as removing clothing or washing private parts of a child's body. Support the children in doing everything that they can for themselves.
- If a child is fully dependent on you then talk to him/her about what you are doing and give choices where possible.
- An adult who is not familiar to them will never support a child in intimate care.
- Be responsive to a child's reactions.
- Encourage the child to have a positive body image of his/her own body. Confident, assertive children who feel their body belongs to them are less vulnerable to abuse.
- Make sure the practice of intimate care is as consistent as possible.
- The parent should be consulted about the intimate care that is given to their child. I.e. real nappies etc.
- Children are encouraged to wash their hands after messy play, after using the toilet, before and after eating and after having their nappies changed.
- Humpty Dumpty Pre-school understands its legal obligation to meet the needs of children with any delays in any area of their development. We work in partnership with parents on an individual basis to make reasonable adjustments to meet the needs of each child.
- We seek to find out religious and cultural views around intimate care.
- Report any incident as soon as possible to the Nursery Manager. If you are concerned that during the intimate care of a child:

You accidentally hurt a child

The child seems sore or unusually tender in the genital area

The child misunderstands or misinterprets something

The child has a very strong emotional reaction without apparent cause (sudden shouting or crying)

All staff must ensure that they protect themselves by following these guidelines.

- Always tell another member of staff when you are doing a change or accompanying a child to the toilet.
- Always ensure that a child's privacy is protected.
- Always ensure that you are visible to other members of staff.
- In some instances it may be appropriate for 2 members of staff to change a child. If a child gets very distressed when being changed.
- Always wear protective gloves and aprons and dispose of the nappies in nappy sacks
- Always wash hands thoroughly after supporting a child with intimate care.
- Follow the nappy changing risk assessment. If you have any additions or comments then let the Manager know.

Physical contact

At Humpty Dumpty Pre-school we care for very young children. There will be times when staff are required to have close physical contact with a child. It is also important for the children to feel safe, secure and loved in their environment. We understand that children can react differently to physical contact and we respect this. Staff have received training in safeguarding and child protection.

It should always be the child who instigates any sort of physical contact such as cuddles. If a child is very upset then the adult must ask the child if they want a cuddle. Children should not be kissed by the nursery staff under any circumstances.

This policy should be read in conjunction with the settings other policies including Health and Safety, SEND, Equal Opportunity and Whistle Blowing which are in the Staff Handbook

Safer Eating

We have a Safer Eating Policy, which is in the Staff Handbook, please see this with regards to Safer Eating/Choking

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 Local Safeguarding Children's Partnership.

Online Safety

We have an E-Safety Policy, which is in the Staff Handbook, please see this with regards to online safety.

Female Genital Mutilation

Female Genital Mutilation (FGM) refers to procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons. The Practice is illegal in the UK.

Female Genital Mutilation Policy & Procedure – Policy Hand Book

Risks in the Local Area

- Vehicle Crime
- Anti-social behaviour
- Burglary]
- Drug offences
- Violence
- Public order
- Criminal damage

These statistics are taken from Crime & Safety in Sutton, London

Mental Health

We aim to promote positive mental health and wellbeing for the nursery; children, staff, parents and carers, and recognise how important mental health and emotional wellbeing is. We recognise that children's mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. Through a whole nursery approach, we actively seek to promote emotional health and wellbeing by helping children to understand their feelings and feelings of others.

Our role in nursery is to help our children to succeed and reach their full potential by supporting them to be resilient and mentally healthy. We also have a role to ensure that children learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues and where they can go if they need help and support.

All staff are 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. If staff have a mental health concern about a child that is also a safeguarding concern, immediate action should be taken by speaking to the designated safeguarding lead or a deputy (Jackie Barge/Gill Mankertz/Vicki Mankertz)

Only appropriately trained professionals should attempt to make 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.

Nurseries have an important role to play in supporting the mental health and wellbeing of their children.

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.

Child's need for a social worker

Local authorities should share the fact a child has a social worker, and the Designated Safeguarding Lead should hold and use this information so that decisions can be made in the best interests of the child's safety, welfare, and educational outcomes. This should be considered as a matter of routine. There are clear powers to share this information under existing duties on both local authorities and nurseries/schools to safeguard and promote the welfare of children.

Where children need a social worker, this should inform decisions about safeguarding (for example, responding to unauthorised absence or missing education where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral and/or academic support, alongside action by statutory services) Children with a social can be at greater risk of harm

Information Sharing

We work in accordance with the DfE on Information sharing.

This written policy complies with national, Sutton LSCP, DfE and Local Authority guidance for safeguarding and equality.

MISINFORMATION, DISINFORMATION AND CONSPIRACY THEORIES

Here at Humpty Dumpty, we recognise that misinformation, disinformation and conspiracy theories can pose risks to children, families and staff, particularly through social media and online platforms. These can undermine trust, promote harmful narratives, and influence safeguarding decisions.

Our approach:

Awareness and Education

- Staff will receive training to understand the difference between misinformation (false information shared without harmful intent), disinformation (false information shared deliberately to mislead) and conspiracy theories.
- Staff will be encouraged to critically evaluate information and use reputable sources when sharing guidance with families.

Safeguarding children

- Where misinformation, disinformation or conspiracy theories create safeguarding concerns (e.g. health, safety, radicalisation, neglect, or failure to follow statutory guidance), these will be addressed in line with our existing safeguarding procedures.
- Any concerns will be recorded, reported, and escalated to the Designated Safeguarding Lead (DSL)

Supporting Families

- We will work with parents and carers in a respectful and non-judgemental way to provide clear, evidence-based information on issues affecting children's welfare, health and education.
- Where necessary, we will signpost families to trusted sources, such as NHS guidance, local authority information, and government advice.

Promoting Digital Literacy

- We will encourage safe and responsible use of the internet, helping children (in age appropriate ways) to begin developing critical thinking and digital literacy skills.

This policy was revised and updated in September 2026
It will be reviewed annually.

Appendix A

KEY CONTACTS

Children's First Contact Service (CFCS) - 020 8770 6001
childrensfirstcontactservice@sutton.gov.uk

Sutton LADO (Local Authority Designated Officer – complaints against staff) -
020 8770 4776 (LADO@sutton.gov.uk)

Social Care – Out of Hours – Emergency Duty Team - 020 8770 5000 x 1

Sutton Local Safeguarding Children's Partnership - 07753 430320
suttonlscp@sutton.gov.uk

(Sutton Local Safeguarding Children Board ceased to exist when the new Sutton Local Safeguarding Children Partnership arrangements came into effect on 1st July 2019

Three Statutory Partners are Local Authority, Clinical Commissioning Group and Police, Locally, Education providers will be made the fourth Partners.

The LSCP Board will be made up by the four Partners, co-opted members and relevant agencies)

LBS Prevent and Hate Crime Manager – 020 8649 0672

Children Missing in Education CME - cme@cognus.org.uk

Education Safeguarding Manager – 07736 338180

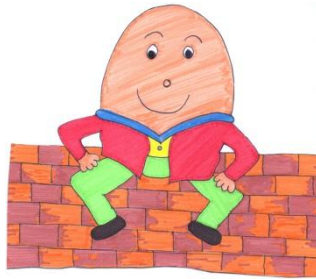
Escalation Procedures – Sutton LSCB Escalation Policy September 2015
(suttonlscp.org.uk)

Serious Child Incidents – 9 Sutton CDR Protocol 2019

General Contacts

- Ofsted - 0300 123 1231
- Ofsted whistle blowing line - 0300 123 3155
- Police - 999
- NSPCC - 0808 8005000 (help@nspcc.org.uk)
- NSPCC whistle blowing helpline number - 0800 028 0285
- Childline - 0800 11 11

APPENDIX A1



HUMPTY DUMPTY PRE-SCHOOL

All Saints Centre, New Road, Hackbridge, Surrey CR4 4JN

MY CONCERNS FORMS

NAME: D.O.B.....

DATE: TIME.....

STAFF NAME:.....

PLEASE SEE - INCIDENT & MY CONCERNS FOLDER

APPENDIX A2

CHILD PROTECTION BODY MAP	
	Name of child: Date of birth: Staff member raising concern: Date recorded: Observations:

Please see INCIDENT & MY CONCERNS FOLDER

APPENDIX A3

