The Howard Nursery School

SAFEGUARDING POLICY

**Purpose:** To give all staff clear guidance as to what steps to take in the event of them being involved in a safeguarding issue together with information on what the Nursery School does to ensure the safety of all children. This document is also available as advice to others.

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<tr>
<th>Date updated:</th>
<th>April 2016</th>
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<td>Directors Responsible:</td>
<td>THPT Services LTD</td>
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<td>Nursery DSL:</td>
<td>Lesley-Ann Ellis</td>
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<td>Julie Menhennett</td>
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The Howard Nursery School is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

To contact the Nursery DSL please telephone 01372 453832

Safeguarding Children Policy
1.0 Introduction

1.1 This policy has been developed in accordance with the principles established by the Children Acts 1989 and 2004; the Education Act 2002, and in line with government publications: “Working Together to Safeguard Children” 2015, Revised Safeguarding Statutory Guidance 2 “Framework for the Assessment of Children in Need and their Families” 2000, “What to do if You are Worried a Child is Being Harmed” 2015 and The Early Years Statutory guidance 2014. The guidance reflects both ‘Keeping Children Safe in Education’ 2014 and 2015 and Surrey Safeguarding Children Board SSCB Safeguarding Procedures.

1.2 THPT Services LTD directors takes seriously their responsibility under section 175 of the Education Act 2002 to safeguard and promote the welfare of children; and to work together with other agencies to ensure adequate arrangements within our Nursery school to identify, assess, and support those children who are suffering harm.

1.3 We recognise that all adults, including temporary staff, volunteers and governors, have a full and active part to play in protecting our children from harm, and that the child’s welfare is our paramount concern.

1.4 All staff believe that our Nursery School should provide a caring, positive safe and stimulating environment that promotes the social, physical and moral development of the individual child.

1.5 The aims of this policy are:

1.5.1 To support the child’s development in ways that will foster security, confidence and independence.

1.5.2 To provide an environment in which children and young people feel safe, secure, valued and respected, and feel confident, and know how to approach adults if they are in difficulties, believing they will be effectively listened to.

1.5.3 To raise the awareness of all teaching and non-teaching staff of the need to safeguard children and of their responsibilities in identifying and reporting possible cases of harm (Reference Appendices 1, 2 and 3). This includes their role in preventing radicalisation.

1.5.4 To provide a systematic means of monitoring children known or thought to be at risk of harm, and ensure we, the Nursery School, contribute to assessments of need and support packages for those children.

1.5.5 To emphasise the need for good levels of communication between all members of staff.

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1 The SSCB Safeguarding Procedures are only available online at [www.surreycc.gov.uk/safeguarding](http://www.surreycc.gov.uk/safeguarding).

2 Wherever the word “staff” is used, it covers ALL staff on site, including ancillary supply and self employed staff, contractors, volunteers working with children etc, and governors.
1.5.6 To develop a structured procedure within the Nursery School which will be followed by all members of the Nursery School community in cases of suspected harm.

1.5.7 To develop and promote effective working relationships with other agencies, especially the Police and Children’s Services.

1.5.8 To ensure that all staff working within our Nursery School who have substantial access to children have been checked as to their suitability, including verification of their identity, qualifications, and a satisfactory DBS check (according to guidance), and a central record is kept for audit.

2.0 Safe Nursery School, Safe Staff

2.1 We will ensure that:

2.1.1 All directors understand and fulfil their responsibilities, namely to ensure that:

- there is a Safeguarding policy together with a staff behaviour (code of conduct) policy
- the Nursery School operates safer recruitment procedures by ensuring that there is at least one person on every recruitment panel that has completed Safer Recruitment training
- the Nursery School has procedures for dealing with allegations of harm against staff and volunteers and to make a referral to the DBS if a person in regulated activity has been dismissed or removed due to safeguarding concerns, or would have had they not resigned.
- a senior leader has Designated Safeguarding Lead (DSL) responsibility
- on appointment, the DSL’s undertake interagency training (SSCB Modules 1&2) and also undertake DSL ‘New to Role’ and the ‘Update’ course every 2 years
- all other staff have Safeguarding training updated as appropriate
- any weaknesses in Safeguarding are remedied immediately
- a director is nominated to liaise with the LA on Safeguarding issues and in the event of an allegation of harm made against the Nursery School Manager
- safeguarding policies and procedures are reviewed annually and that the Safeguarding policy is available on the Nursery School website or by other means
- the Nursery School Manager considers how children may be taught about safeguarding. This may be part of a broad and balanced curriculum
- that enhanced DBS checks are in place for all directors

Guidance regarding DBS checks recently updated by the Protection of Freedoms Act 2012
2.1.2 The DSL is Lesley-Ann Ellis, The Nursery School Manager. The Deputy DSL is Julie Menhenett, a member of the Senior Leadership Team at The Howard of Effingham. These officers have undertaken the compulsory training delivered through the SSCCB and, upon appointment undertook the ‘DSL New to Role’ training followed by biannual updates.

2.1.3 The DSL’s who are involved in recruitment and at least one director will also complete Safer Recruitment Training (currently on-line on the DfE website) to be renewed every 5 years.

2.1.4 All members of staff and volunteers are provided with Safeguarding awareness information at induction, including in their arrival pack, the Nursery School safeguarding statement so that they know who to discuss a concern with. Staff are also directed to read and become familiar with Surrey Safeguarding Children Board procedures.

2.1.5 All members of staff are trained in and receive regular updates in e-safety and reporting concerns (ref appendix 4).

2.1.6 All staff and directors, have Safeguarding awareness training, updated by the DSL as appropriate, to maintain their understanding of the signs and indicators of harm.

2.1.7 All members of staff, volunteers, and directors know how to respond to a child who discloses harm through delivery of the Safeguarding Training and through delivery of ‘Working together to Safeguard Children’, and ‘What to do if you suspect a Child is being abused’ (2015). All staff understand they have legal responsibility to pass on any concerns as soon as possible.

2.1.8 All members of staff receive regular supervision to foster a culture of mutual support, teamwork and continuous improvement.

2.1.9 The Howard Nursery School has a flowchart of the process which should be followed when a concern is raised (Appendix 12).

2.1.10 All parents/carers are made aware of the responsibilities of staff members with regard to Safeguarding procedures through publication of the Nursery School’s Safeguarding Policy, and reference to it in our Parents’ Handbook.

2.1.11 Our lettings policy will seek to ensure the suitability of adults working with children on school sites at any time.

2.1.12 Community users organising activities for children are made aware of the Nursery School’s Safeguarding guidelines and procedures.

2.1.13 We will ensure that Safeguarding type concerns or allegations against adults working in the Nursery School are referred to the LADO for advice, and that any member of staff found not suitable to work with children will be notified to the Independent Safeguarding Authority for consideration for barring, following

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4 http://sscb.proceduresonline.com/chapters/contents.html
5 LADO Local Authority Designated Officer for allegations against staff. AEO Area Education Officer or Duty
6 Contact the LADO for guidance in any case
resignation, dismissal, or when we cease to use their service as a result of a substantiated allegation, in the case of a volunteer.

2.2 Our procedures will be regularly reviewed and up-dated.

2.3 The name of the designated members of staff for Safeguarding, the Designated Safeguarding Leads, will be clearly advertised in the Nursery School, with a statement explaining the Nursery School’s role in referring and monitoring cases of suspected harm.

2.4 All new members of staff will be given a copy of our safeguarding statement, and Safeguarding policy, with the DSLs’ names clearly displayed, as part of their induction into the Nursery School.

2.5 The policy is available publicly either on the Nursery School website or by other means. Parents/carers are made aware of this policy and their entitlement to have a copy of it via the Nursery School prospectus/website.

2.6 All staff will be given a copy of part 1 of Keeping Children Safe in Education 2015 to read as part of their induction process.

3.0 Responsibilities

3.1 The designated DSL’s are responsible for:

3.1.1 Referring a child if there are concerns about possible harm, to the Contact Centre Children’s Team\(^7\), and acting as a focal point for staff to discuss concerns. Referrals should be made in writing, following a telephone call using the Inter agency Referral and Assessment Form\(^8\).

3.1.2 Keeping written records of concerns about a child even if there is no need to make an immediate referral.

3.1.3 Ensuring that all such records are kept confidentially and securely and are separate from pupil records, until the child’s 25\(^\text{th}\) birthday, and are copied on to the child’s next school.

3.1.4 Ensuring that an indication of the existence of the additional file in 3.1.3 above is marked on the pupil records.

3.1.5 Liaising with other agencies and professionals.

3.1.6 Ensuring that either they or the staff member attend case conferences, core groups, or other multi-agency planning meetings, contribute to assessments, and provide a report which has been shared with the parents.

3.1.7 Ensuring that any child currently with a Child Protection plan who is absent in the educational setting without explanation for

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\(^7\) All new referrals go to the Contact Centre Children’s Team 0300 1231620 (Fax 020 8541 7309) operating 8.00am to 6.00pm. DSLs may consult with an Assistant Team Manager by telephoning 0208 541 7041/7042. In an emergency out of hours, referrals can be made to the Emergency Duty Team on 01483 517898.

\(^8\) On line forms will be e-mailed from the Contact Centre
two days is referred to their key worker’s Social Care Team. The Howard Nursery School’s Non – Attendance Policy will be followed.

3.1.8 Organising Safeguarding induction, and update training every 3 years, for all Nursery School staff.

3.1.9 Informing the Local Authority of any child in ‘Private Fostering’ arrangements (n.b. When a child under the age of 16 (under 18 if disabled) is cared for 28 days or more by someone who is not their parent or a close relative this is called a private fostering arrangement. It is a private arrangement as it is one made without the involvement of a local authority, between a parent and a carer. Such a carer is called a private foster carer and the child or young person is considered to be ‘privately fostered’)

4.0 Supporting Children

4.1 We recognise that a child who is harmed or witnesses violence may feel helpless and humiliated, may blame themselves, and find it difficult to develop and maintain a sense of self-worth.

4.2 We recognise that the Nursery School may provide the only stability in the lives of children who have been harmed or who are at risk of harm.

4.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal to aggressive or withdrawn.

4.4 Our Nursery School will support all children by:

4.4.1 Encouraging self-esteem and self-assertiveness, through the curriculum as well as our relationships, whilst not condoning aggression or bullying.

4.4.2 Promoting a caring, safe and positive environment within the Nursery School.

4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children.

4.4.4 Notifying Children’s Services as soon as there is a significant concern.

4.4.5 Providing continuing support to a child about whom there have been concerns who leaves the Nursery School by ensuring that appropriate information is copied under confidential cover to the child’s new setting and ensuring the records are forwarded as a matter of priority.

4.4.6 Working with parents during induction to complete a Children’s Information Form. Parents are required to complete this before their child may be left in the care of our staff. The Children’s information form records details such as; child’s full name(s), address(es), gender, date of birth, language spoken at home, name(s) of person(s) whom is the child’s legal guardian, Birth certificate is shown to staff, name(s) of person(s) with parental responsibility, names of 4 persons with permission to collect a
child, contact details of parents/carers, emergency contact, emergency procedures and permission, medical information, ethnicity, and religion.

4.4.7 Details of other settings that the child attends is also sought and permission to contact the setting and external agencies to share information about a child’s progress to date.

4.4.8 The Howard Nursery manager is responsible to ensure that all Children’s information forms are current and updated yearly. Parents/carers are also informed that it is their responsibility to ensure their child’s contact details and medical details are up to date.

5.0 Confidentiality

5.1 We recognise that all matters relating to Safeguarding are confidential.

5.2 The DSLs will disclose any information about a child to other members of staff on a need to know basis only.  

5.3 All staff must be aware that they have a professional responsibility to share information with other agencies in order to safeguard children.

5.4 All staff must be aware that they cannot promise a child to keep secrets which might compromise the child’s safety or wellbeing.

5.5 We will always undertake to share our intention to refer a child to Children’s Services with their parents /carers unless to do so could put the child at greater risk of harm, or impede a criminal investigation. If in doubt, we will consult with an Assistant Team Manager at the Contact Centre Children’s Team on this point.

6.0 Supporting Staff

6.1 We recognise that staff working in the Nursery School who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting.

6.2 We will support such staff by providing an opportunity to talk through their anxieties with the DSL’s and to seek further support as appropriate.

7.0 Allegations against staff

7.1 All Nursery School staff should take care not to place themselves in a vulnerable position with a child. This includes physical contact e.g. kissing the children. It is always advisable for conversations or work

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Guidance about sharing information, can be found in the DfE booklet ‘Information sharing guidance for practitioners and managers’ DCSF-00807-2008
with individual children or parents to be conducted in view of other adults.

7.2 All Staff should be aware of Surrey’s Guidance on Behaviour Issues, and the Nursery School’s own Behaviour Management policy.

7.3 Guidance about conduct and safe practice, including safe use of mobile phones by staff and volunteers will be given at induction\(^{10}\) and Safeguarding Training.

7.4 We understand that a child may make an allegation against a member of staff.

7.5 If such an allegation is made, or information is received which suggests that a person may be unsuitable to work with children, the member of staff receiving the allegation or aware of the information, will immediately inform the Manager or Nominated Person\(^{11}\).

7.6 The Manager on all such occasions will discuss the content of the allegation with the Local Authority Designated Officer (LADO)\(^{12}\) at the earliest opportunity.

7.7 If the allegation made to a member of staff concerns the Manager, the person receiving the allegation will immediately inform the director who will consult as in 7.6 above, without notifying the Manager first.

7.8 The Nursery School will follow the Surrey procedures for managing allegations against staff.

7.9 Suspension of the member of staff, excluding the Manager, against whom an allegation has been made, needs careful consideration, and the Manager will seek the advice of the LADO and Personnel Consultant in making this decision.

7.10 In the event of an allegation against the Manager, the decision to suspend will be made by the directors with advice as in 7.8 and 7.9 above.

7.11 We have a procedure for managing the suspension of a contract for a community user in the event of an allegation arising in that context.

7.12 The Howard Nursery School will also inform Ofsted where practicable within 24 hours of the allegation being made and follow this up in writing within 14 days.

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\(^{11}\) or a director in the event of an allegation against the Manager

\(^{12}\) Duty LADO 0300 200 1006
8.0 Whistle-blowing

8.1 The Howard Nursery School has a separate Whistleblowing Policy, please refer to this for further information.

8.2 We recognise that children cannot be expected to raise concerns in an environment where staff fail to do so.

8.3 All staff should be aware of their duty to raise concerns, where they exist, about the management of Safeguarding, which may include the attitude or actions of colleagues. If it becomes necessary to consult outside the Nursery School, they should speak in the first instance, to the AEO/LADO following the Whistleblowing Policy.

8.4 Whistle-blowing regarding the Manager should be made to the Director whose contact details are readily available to staff.

9.0 Physical Intervention

9.1 Our policy on physical intervention by staff is set out separately, and acknowledges that staff must only ever use physical intervention as a last resort, when a child is endangering him/herself or others, and that at all times it must be the minimal force necessary to prevent injury to another person.

9.2 Such events should be recorded and signed by a witness.

9.3 Staff who are likely to need to use physical intervention will be appropriately trained.

9.4 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under Safeguarding or disciplinary procedures.

9.5 We recognise that touch is appropriate in the context of working with children, and all staff have been given ‘Safe Practice’ guidance to ensure they are clear about their professional boundary.¹³

10.0 Anti-Bullying

10.1 Our Nursery School policy on anti-bullying is set out in our Behaviour Management Policy and acknowledges that to allow or condone bullying may lead to consideration under Safeguarding procedures. This includes all forms e.g. cyber, racist, homophobic and gender related bullying. We keep a record of known bullying incidents on our Incident form. All staff are aware that children with SEND and/or differences/perceived differences are more susceptible to being bullied/victims of child harm.

¹³ ‘Guidance on Safer Working Practices is available on the DfE website
11.0 Racist Incidents

11.1 Our Nursery School acknowledges that repeated racist incidents or a single serious incident may lead to consideration under Safeguarding procedures. We keep a record of racist incidents.

12.0 Radicalisation and Extremism

12.1 Since 2010, when the Government published the Prevent Strategy there has been an awareness of the specific need to Safeguard children, young people and families from violent extremism. There have been several occasions both locally and nationally in which extremist groups have attempted to radicalise vulnerable children and young people to hold extreme views including views justifying political, religious, sexist or racist violence, or to steer them into a rigid and narrow ideology that is intolerant of diversity and leaves them vulnerable to future radicalisation.

12.2 The Howard Nursery School values freedom of speech and the expression of beliefs/ideology as fundamental rights underpinning our society’s values. Both children, families and staff have the right to speak freely and voice their opinions. However, freedom comes with responsibility and free speech that is designed to manipulate the vulnerable or that leads to violence and harm of others goes against the moral principles in which freedom of speech is valued. Free speech is not an unqualified privilege; it is subject to laws and policies governing equality, human rights, community safety and community cohesion.

12.3 The current threat from terrorism in the United Kingdom may include the exploitation of vulnerable people, to involve them in terrorism or in activity in support of terrorism. The normalisation of extreme views may also make children and young people vulnerable to future manipulation and exploitation. The Howard Nursery School is clear that this exploitation and radicalisation should be viewed as a safeguarding concern.

12.4 Definitions of radicalisation and extremism, and indicators of vulnerability to radicalisation are in Appendix 3.

12.5 The Howard Nursery School seeks to protect children and young people against the messages of all violent extremism including, but not restricted to, those linked to Islamist ideology, or to Far Right/Neo Nazi/White Supremacist ideology, Irish Nationalist and Loyalist paramilitary groups, and extremist Animal Rights movements.
13.0 Response

13.1 When any member of staff has concerns that a child or family may be at risk of radicalisation or involvement in terrorism, they should speak with the Nursery Manager and/or to the DSL.

13.2 They should then follow normal safeguarding procedures. If the matter is urgent then Surrey Police must be contacted by dialling 999. In non-urgent cases where police advice is sought then dial 101. The Department of Education has also set up a dedicated telephone helpline for staff and governors to raise concerns around Prevent (020 7340 7264).

13.3 Numerous factors can contribute to and influence the range of behaviours that are defined as violent extremism, but most young people do not become involved in extremist action. For this reason the appropriate interventions in any particular case may not have any specific connection to the threat of radicalisation, for example they may address mental health, relationship or drug/alcohol issues.

14.0 Prevention

14.1 The Howard Nursery School plays a significant part in the prevention of harm to our children by providing children with good lines of communication with trusted adults, supportive friends and an ethos of protection.

14.2 The Nursery school community will therefore:

14.2.1 Work to establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to.

14.2.2 Include regular consultation with children e.g. asking children to report whether they have had happy/sad times.

14.2.3 Ensure that all children know they can speak to any adult in the Nursery School if they are worried or in difficulty.

14.2.4 Include safeguarding across the curriculum e.g. opportunities which equip children with the skills they need to stay safe from harm and to know to whom they should turn for help. In particular this will include anti-bullying, e-safety, road safety, pedestrian safety, stranger danger.

14.2.5 Ensure all staff are aware of Nursery School guidance for their use of mobile technology and have discussed safeguarding issues around the use of mobile technologies and their associated risks.

15.0 Health and Safety

15.1 Our Health and Safety Policy, set out in a separate document, reflects the consideration we give to the protection of our children both physically within the Nursery School environment, when away from the school and when undertaking school trips and visits.
16.0 Domestic Abuse

16.1 Domestic abuse represents one quarter of all violent crime. It is actual or threatened physical, emotional, psychological or sexual abuse. It involves the use of power and control by one person over another. It occurs regardless of race, ethnicity, gender, class, sexuality, age, religion, mental or physical ability. Domestic abuse can also involve other types of abuse.

16.2 We use the term domestic abuse to reflect that a number of abusive and controlling behaviours are involved beyond violence.

16.3 Slapping, punching, kicking, bruising, rape, ridicule, constant criticism, threats, manipulation, sleep deprivation, social isolation, and other controlling behaviours all count as abuse.

16.4 The signs and symptoms of a child suffering or witnessing domestic abuse are similar to other forms of abuse or neglect. (See Appendix 2)

17.0 Arrivals and Departure Procedure

17.1 We aim to provide a safe and secure environment where parents/carers feel confident to leave their children in our care. We have one entrance and exit and this is where children arrive for their session.

17.2 The Howard Nursery School ‘Arrivals Procedure’ is as follows:

17.1.1 Parents/carers can ring the doorbell from 8.30am and a senior member of staff will open the door and welcome them. Parents/carers then go to their child’s/children’s baseroom and handover to the room leader ensuring any relevant information is passed on regarding their child.

17.1.2 Children remain the responsibility of their parents/carers until the front door is open to welcome children into Nursery School.

17.1.3 The side gates are ‘Fire Exits’ and are for emergency use only.

17.1.4 Parents/carers to support their child to hang up their coat and bag on their peg. Parents to give ‘Communication Book’ to staff in room.

17.1.5 The Nursery School Manager/ Deputy Manager notes down the exact arrival times for every child and ensures every parent/carer leaves.

17.1.6 The Nursery Manager/Deputy Manager will ensure the door remains closed. If the door is open to let parents in/out the Nursery Manager/Deputy Manager will remain at the door to ensure the children do not exit and nobody unauthorised can enter the premises.

17.1.7 Staff in the classroom welcome each child and encourage the children to settle at an activity.
17.3 To prevent the risk of intruders, unexpected visitors or the risk of children leaving the premises unattended the garden gate is bolted at the top and bottom. In the event of a fire, a member of staff will unlock the gate as they exit with the children.

17.4 The Howard Nursery School ‘Departure Procedure’ is as follows:
   17.4.1 Parents/carers can ring the doorbell from when they arrive to collect their child and a senior member of staff will open the door and welcome them. Parents/carers then go to their child’s/children’s baseroom and staff will hand over to the parent/carer.
   17.4.2 Staff in the room will ensure any messages are given to parents, forms signed if necessary e.g. Incident Form and the communication book is completed and passed to the parent/carer.
   17.4.3 Staff will encourage the child/children to put on their coat and shoes and gather together any items they are taking home with them e.g. artwork.
   17.4.4 When the child and parent/carer are ready to exit, the Manager or Deputy Manager will open the door and see them out. The exact time of departure will then be recorded.

17.5 Children can only leave the Nursery with an authorised collector identified by the Parent/Carer in the child’s file. If a person arrives to collect a child and is unknown to the team, the ‘password system’ is put into practice. Please refer to the ‘Non-Collection’ policy

17.6 Under no circumstances will a child be allowed to leave the nursery with a person who is not an authorised collector.

17.7 If someone other than an authorised collector is required to pick up the child, then the Parent/Carer must ask them to bring photographic identification (driving licence, I.D badge, passport), and give prior approval in writing, including:
   - Date and time of collection
   - Name of collector and their relationship to the child/themselves
   - A photograph of the new person if this is at all possible
   - At the time of collection the new person will be met by a staff member, who will
   - Check the information which has been received from the Parent/Carer
   - Check the new collector’s identification (against photograph if provided)
   - Confirm any agreed password with the collector

17.8 Collection of Children
   17.8.1 Any person arriving to collect a child from The Howard Nursery School must be aged sixteen or over, this is to ensure the safeguarding and health and safety of all
children. In the event that an older sibling or young person arrives to collect and is under the age of sixteen, the Manager/Deputy Manager will contact the parent/carer to collect the child.

18.0 Bruising in Children who are Not Independently Mobile

Surrey Safeguarding Manual defines this as:

18.1 Not independently Mobile (NIM): is an infant who is not yet crawling, bottom shuffling, or cruising. It includes all infants under 6 months.

18.2 Bruising is defined as: Extravasations of blood in the soft tissues, producing a temporary, non-blanching discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple or red. This includes petechiae, which are red or purple non-blanching spots, less than two millimetres in diameter and often in clusters.

18.3 Why should we be concerned?
Bruising is the most common presenting feature of physical abuse in children. The younger the children the greater the risk that bruising is non-accidental and the greater potential risk to the child. Immobility, for example due to disability, in older children should particularly be taken into account as a risk factor. Disabled children have a higher incidence of harm whether mobile or not.

18.4 What should we do?

18.1.1 All children with bruising who are Not Independently Mobile must be referred to Surrey Children’s Services (appendix 7: contact numbers). Refer to The Howard Nursery School Incident Reporting Procedure. Senior member of staff to fill out an Incident form (appendix 8) and a body map (appendix 9) noting any features of abuse e.g. bruises on face and ‘soft’ areas, bruises in clusters or imprints. All referrals must be written up on a multi-agency referral form (appendix 10). See flowchart in appendix 11 for overall process of referral.

18.1.2 A small percentage of bruising in Not Independently Mobile children will have an innocent explanation (including medical causes). Nevertheless because of the difficulty in excluding non-accidental injury, practitioners should seek advice from Surrey Children’s Services in all cases.

18.1.3 The Howard Nursery School has a duty to discuss the incident with parents/carers to explain at an early stage why, in cases of bruising in Not Independently Mobile children,

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13 This section uses guidance taken from Surrey Safeguarding Procedures Manual section 5.3 – http://sscb.procedures.com/chapters/p_bruising_nim.html
15 http://sscb.procedures.com/chapters/p_bruising_nim.html#intro
additional concern, questioning and examination are required.

18.1.4 The decision to refer to Surrey Children’s Services should be explained to the parents or carers frankly and honestly.

18.1.5 If a parent or carer is uncooperative this should be reported immediately to the Police and Surrey Children's Services. If possible the child should be kept under supervision until steps can be taken to secure his or her safety.

18.1.6 If the child is in immediate danger call 999.

18.5 Involving Parents and Carers

18.5.1 The Howard Nursery Staff team may wish to get support and advice on how to discuss the incident with parents/carers from the nominated person.

18.5.2 The Howard Nursery School has a duty to discuss the incident with parents/carer to explain at an early stage why, in cases of bruising in Non-independently mobile children, additional concern, questioning and examination are required.

18.5.2 The decision to refer to Surrey Children’s Services will be explained to the parents openly and honestly.

20.5.2 If a parent/carer is uncooperative this should be reported immediately to Surrey Children’s Services.

21.5.2 If the child is thought to be in immediate danger then 999 will be called.

19.0 Mobile Phones and Cameras

19.1 The Howard Nursery School has a separate Mobile Phone policy; please refer to this for full details.

19.2 The Howard Nursery School understands the importance of effectively managing the use of mobile phones and cameras in the setting to minimise the potential misuse.

19.3 Cameras have a place in the setting. Photographs are used as evidence for the children’s ‘Learning Journey’s’ and to capture experiences/events that take place in the setting.

19.4 During the induction process parents/carers are asked to give photograph consent for their child and given a clear explanation of how photographs are used within the setting. The Howard Nursery school also explain that photographs taken during Nursery School events e.g. the Christmas party, can only be taken of their child and any photograph with another child in are not permitted to be posted on social networking sites.

19.5 The Howard Nursery School has three ‘Settings’ cameras. Two are Ipod’s and one camera with a memory card. The cameras are based in each room daily and accessed by staff only. The Ipod’s are password protected and only staff members know the codes. At the end of the day

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16 http://sscb.procedures.com/chapters/p_bruising_nim.html#involving_parents
the Ipod’s are locked away into the filing cabinet and the memory card is taken out of the camera and locked in the filing cabinet.

19.6 The settings cameras remain in the Nursery School at all times and are taken on outings. Photographs are only taken with the ‘settings’ cameras, no personal cameras are permitted. Photographs taken are transferred onto the settings computer. The settings computer is password protected and is only known by those who have a professional right to access it. After a period of 2 months all photos are deleted from the computer. Staff members, agency staff, students, volunteers are not permitted to take the camera home.

19.7 During the induction process for all staff members, agency staff, volunteers and students it is explained that the use of personal cameras and posting photographs on social networking sites is not permitted at any time and may lead to disciplinary action. They are also made aware that under no circumstances can they take photographs/videos or audio recordings on their cameras of children in the setting. This is to ensure that the children are safeguarded and also to protect adults from putting themselves into compromising situations, which could be misinterpreted and lead to potential allegations. Staff are also informed that photos are not to be taken in areas such as the toilets, nappy rooms and sleeping areas.

19.8 In the event that a student needs to take photographs as evidence, written permission will be asked for from parents. Photographs for students will be taken on the settings camera and then transferred and printed out for the student by a member of staff; these photos will not have the children’s faces in.

19.9 Parents/carers are made aware of the above practice regarding photographs during the induction process.

This policy also links to our policies on:
- Behaviour Management Policy
- Staff Behaviour Policy/Code of Conduct
- Whistleblowing
- Health & Safety Concerns, Complaints and Compliments
- Non-Attendance Policy
- Administration of medicines
- Risk Assessment
- Recruitment
- Intimate Care
- Missing Child Policy
- Confidentiality
- Staff Induction
- Biting
Appendix 1 - Recognising signs of child harm

Categories of Harm:
- Physical Harm
- Emotional Harm (including Domestic Harm)
- Sexual Harm
- Neglect

Signs of Harm in Children:
The following non-specific signs may indicate something is wrong:
- Significant change in behaviour
- Extreme anger or sadness
- Aggressive and attention-seeking behaviour
- Suspicious bruises with unsatisfactory explanations
- Lack of self-esteem
- Self-injury
- Depression
- Age inappropriate sexual behaviour
- Child Sexual Exploitation.

Risk Indicators
The factors described in this section are frequently found in cases of child harm. Their presence is not proof that harm has occurred, but:
- Must be regarded as indicators of the possibility of significant harm
- Justifies the need for careful assessment and discussion with designated / named / lead person, manager, (or in the absence of all those individuals, an experienced colleague)
- May require consultation with and / or referral to Children’s Services

The absence of such indicators does not mean that harm or neglect has not occurred.

In an abusive relationship the child may:
- Appear frightened of the parent/s
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may:
- Persistently avoid child health promotion services and treatment of the child’s episodic illnesses
- Have unrealistic expectations of the child
- Frequently complain about/to the child and may fail to provide attention or praise (high criticism/low warmth environment)
- Be absent or misusing substances
- Persistently refuse to allow access on home visits
- Be involved in domestic abuse

Staff should be aware of the potential risk to children when individuals, previously known or suspected to have harmed children, move into the household.

**Recognising Physical Harm**

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury
- Several different explanations provided for an injury
- Unexplained delay in seeking treatment
- The parents/carers are uninterested or undisturbed by an accident or injury
- Parents are absent without good reason when their child is presented for treatment
- Repeated presentation of minor injuries (which may represent a “cry for help” and if ignored could lead to a more serious injury)
- Family use of different doctors and A&E departments
- Reluctance to give information or mention previous injuries

**Bruising**

Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided:

- Any bruising to a pre-crawling or pre-walking baby
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive)
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- Variation in colour possibly indicating injuries caused at different times
- The outline of an object used e.g. belt marks, hand prints or a hair brush
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting
- Bruising around the face
- Grasp marks on small children
- Bruising on the arms, buttocks and thighs may be an indicator of sexual harm

**Bite Marks**

Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3 cm in diameter are more likely to have been caused by an adult or older child.

A medical opinion should be sought where there is any doubt over the origin of the bite.
Burns and Scalds
It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious e.g.:

- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- Linear burns from hot metal rods or electrical fire elements
- Burns of uniform depth over a large area
- Scalds that have a line indicating immersion or poured liquid (a child getting into hot water is his/her own accord will struggle to get out and cause splash marks)
- Old scars indicating previous burns/scalds which did not have appropriate treatment or adequate explanation

Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

Fractures
Fractures may cause pain, swelling and discolouration over a bone or joint.

Non-mobile children rarely sustain fractures.

There are grounds for concern if:

- The history provided is vague, non-existent or inconsistent with the fracture type
- There are associated old fractures
- Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- There is an unexplained fracture in the first year of life

Scars
A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest harm.

Recognising Emotional Harm
Emotional harm may be difficult to recognise, as the signs are usually behavioural rather than physical. The manifestations of emotional harm might also indicate the presence of other kinds of harm.

The indicators of emotional harm are often also associated with other forms of harm.

The following may be indicators of emotional harm:

- Developmental delay
- Abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or not attachment
- Indiscriminate attachment or failure to attach
- Aggressive behaviour towards others
- Scape-goated within the family
- Frozen watchfulness, particularly in pre-school children
- Low self esteem and lack of confidence
- Withdrawn or seen as a “loner” – difficulty relating to others

**Recognising Signs of Sexual Harm**

Boys and girls of all ages may be sexually harmed and are frequently scared to say anything due to guilt and/or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of any individual child/family.

Recognition can be difficult, unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural.

Some behavioural indicators associated with this form of harm are:
- Inappropriate sexualised conduct
- Sexually explicit behaviour, play or conversation, inappropriate to the child’s age
- Continual and inappropriate or excessive masturbation
- Self-harm (including eating disorder), self mutilation and suicide attempts
- Involvement in prostitution or indiscriminate choice of sexual partners
- An anxious unwillingness to remove clothes e.g. for sports events (but this may be related to cultural norms or physical difficulties)

Some physical indicators associated with this form of harm are:
- Pain or itching of genital area
- Blood on underclothes
- Pregnancy in a younger girl where the identity of the father is not disclosed
- Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing

**Sexual Harm by Young People**

The boundary between what is abusive and what is part of normal childhood or youthful experimentation can be blurred. The determination of whether behaviour is developmental, inappropriate or abusive will hinge around the related concepts of true consent, power imbalance and exploitation. This may include children and young people who exhibit a range of sexually problematic behaviour such as indecent exposure, obscene telephone calls, fetishism, bestiality and sexual harm against adults, peers or children.

**Developmental Sexual Activity** encompasses those actions that are to be expected from children and young people as they move from infancy through to an adult understanding of their physical, emotional and behavioural relationships with each other. Such sexual activity is essentially information gathering and experience testing. It is characterised by mutuality and of the seeking of consent.

**Inappropriate Sexual Behaviour** can be inappropriate socially, in appropriate to development, or both. In considering whether behaviour fits
into this category, it is important to consider what negative effects it has on any of the parties involved and what concerns it raises about a child or young person. It should be recognised that some actions may be motivated by information seeking, but still cause significant upset, confusion, worry, physical damage, etc. It may also be that the behaviour is “acting out” which may derive from other sexual situations to which the child or young person has been exposed.

If an act appears to have been inappropriate, there may still be a need for some form of behaviour management or intervention. For some children, educative inputs may be enough to address the behaviour.

Abusive sexual activity included any behaviour involving coercion, threats, aggression together with secrecy, or where one participant relies on an unequal power base.

**Assessment**

In order to more fully determine the nature of the incident the following factors should be given consideration.

The presence of exploitation in terms of:

- **Equality** – consider differentials of physical, cognitive and emotional development, power and control and authority, passive and assertive tendencies
- **Consent** – agreement including all the following:
  - Understanding that is proposed based on age, maturity, development level, functioning and experience
  - Knowledge of society’s standards for what is being proposed
  - Awareness of potential consequences and alternatives
  - Assumption that agreements or disagreements will be respected equally
  - Voluntary decision
  - Mental competence
- **Coercion** – the young perpetrator who harms may use techniques like bribing, manipulation and emotional threats of secondary gains and losses that is loss of love, friendship, etc. Some may use physical force, brutality or the threat of these regardless of victim resistance.

In evaluating sexual behaviour of children and young people, the above information should be used only as a guide. Further information and advice is available in the Surrey multi-agency protocol “Working with Sexually Active Young People” available at [www.surreycc.gov.uk/safeguarding](http://www.surreycc.gov.uk/safeguarding), by choosing Safeguarding Children – Protocols and Guidance for Professionals. Assessment, Consultation and Therapy (ACT) 01306 745310 can also assist professionals in identifying sexual behaviour of concern in children and adolescents.

**Recognising Neglect**

Evidence of neglect is built up over a period of time and can cover different aspects of parenting.
Indicators include:

- Failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- A child seen to be listless, apathetic and irresponsive with no apparent medical cause
- Failure of child to grow within normal expected pattern, with accompanying weight loss
- Child thrives away from home environment
- Child frequently absent from school
- Child left with adults who are intoxicated or violent
- Child abandoned or left alone for excessive periods

**Child Sexual Exploitation**

The following list of indicators is not exhaustive or definitive but it does highlight common signs which can assist professionals in identifying children or young people who may be victims of sexual exploitation.

Signs include:

- underage sexual activity
- inappropriate sexual or sexualised behaviour
- sexually risky behaviour, 'swapping' sex
- repeat sexually transmitted infections
- in girls, repeat pregnancy, abortions, miscarriage
- receiving unexplained gifts or gifts from unknown sources
- having multiple mobile phones and worrying about losing contact via mobile
- having unaffordable new things (clothes, mobile) or expensive habits (alcohol, drugs)
- changes in the way they dress
- going to hotels or other unusual locations to meet friends
- seen at known places of concern
- moving around the country, appearing in new towns or cities, not knowing where they are
- getting in/out of different cars driven by unknown adults
- having older boyfriends or girlfriends
- contact with known perpetrators
- involved in abusive relationships, intimidated and fearful of certain people or situations
- hanging out with groups of older people, or anti-social groups, or with other vulnerable peers
- associating with other young people involved in sexual exploitation
- recruiting other young people to exploitative situations
- truancy, exclusion, disengagement with school, opting out of education altogether
- unexplained changes in behaviour or personality (chaotic, aggressive, sexual)
- mood swings, volatile behaviour, emotional distress
- self-harming, suicidal thoughts, suicide attempts, overdosing, eating disorders
- drug or alcohol misuse
- getting involved in crime
- police involvement, police records
- involved in gangs, gang fights, gang membership
- injuries from physical assault, physical restraint, sexual assault.
Appendix 2 – Forced Marriage, FGM and Domestic Abuse

**Forced Marriage (FM)**

This is an entirely separate issue from arranged marriage. It is a human rights harm and falls within the Crown Prosecution Service definition of domestic violence.

Young men and women can be at risk in affected ethnic groups.

Whistle-blowing may come from younger siblings.

Other indicators may be detected by changes in adolescent behaviours.

Never attempt to intervene directly as a school or through a third party. Always call either the Contact Centre or the Forced Marriage Unit 020 7008 0151.

**Female Genital Mutilation (FGM)**

It is essential that staff are aware of FGM practices and the need to look for signs, symptoms and other indicators of FGM.

**What is FGM?**

It involves procedures that intentionally alter/injure the female genital organs for non-medical reasons.

4 types of procedure:

- **Type 1 Clitoridectomy** – partial/total removal of clitoris
- **Type 2 Excision** – partial/total removal of clitoris and labia minora
- **Type 3 Infibulation** entrance to vagina is narrowed by repositioning the inner/outer labia
- **Type 4** All other procedures that may include: pricking, piercing, incising, cauterising and scraping the genital area.

**Why is it carried out?**

Belief that:

- FGM brings status/respect to the girl – social acceptance for marriage
- Preserves a girl’s virginity
- Part of being a woman / rite of passage
- Upholds family honour
- Cleanses and purifies the girl
- Gives a sense of belonging to the community
- Fulfils a religious requirement
- Perpetuates a custom/tradition
- Helps girls be clean / hygienic
- Is cosmetically desirable
- Mistakenly believed to make childbirth easier
Is FGM legal?
FGM is internationally recognised as a violation of human rights of girls and women. It is illegal in most countries including the UK. There is a mandatory duty on teachers to report disclosures on FGM about a female under the age of 18.

Circumstances and occurrences that may point to FGM happening are:
- Child talking about getting ready for a special ceremony
- Family taking a long trip abroad
- Child’s family being from one of the ‘at risk’ communities for FGM (Kenya, Somalia, Sudan, Sierra Leon, Egypt, Nigeria, Eritrea as well as non-African communities including Yemeni, Afghani, Kurdistan, Indonesia and Pakistan)
- Knowledge that the child’s sibling has undergone FGM
- Child talks about going abroad to be ‘cut’ or to prepare for marriage

Signs that may indicate a child has undergone FGM:
- Prolonged absence from school and other activities
- Behaviour change on return from a holiday abroad, such as being withdrawn and appearing subdued
- Bladder or menstrual problems
- Finding it difficult to sit still and looking uncomfortable
- Complaining about pain between the legs
- Mentioning something somebody did to them that they are not allowed to talk about
- Secretive behaviour, including isolating themselves from the group
- Reluctance to take part in physical activity
- Repeated urinal tract infection
- Disclosure

The ‘One Chance’ rule
As with Forced Marriage there is the ‘One Chance’ rule. It is essential that staff take action without delay and call the Contact centre on 03001231620.

Domestic Abuse

How does it affect children?
Children can be traumatised by seeing and hearing violence and abuse. They may also be directly targeted by the abuser or take on a protective role and get caught in the middle. In the long term this can lead to mental health issues such as depression, self harm and anxiety.

What are the signs to look out for?
Children affected by domestic abuse reflect their distress in a variety of ways. They may change their usual behaviour and become withdrawn, tired, start to wet the bed and have behavioural difficulties. They may not want to leave their house or may become reluctant to return. Others will excel, using their time in your care as a way to escape from their home life. None of these signs are exclusive to domestic abuse.
so when you are considering changes in behaviours and concerns about a child, think about whether domestic abuse may be a factor.

**What should I do if I suspect a family is affected by domestic abuse?**
To talk through your concerns call the Surrey Domestic Abuse Helpline on 01483 776822 or talk to your local outreach service.

East Surrey Domestic Abuse Services - Covering Reigate & Banstead, Mole Valley and Tandridge - 01737771350

Your Sanctuary Outreach Service Covering Woking, Runnymede and Surrey Heath - 01483 776822

North Surrey Outreach Service - Covering Epsom & Ewell, Elmbridge and Spelthorne - 01932 260690

South West Surrey Outreach Service - Covering Guildford and Waverley - 01483 577392
Appendix 3 – Prevent Strategy/Radicalisation

Radicalisation refers to the process by which a person comes to support terrorism and forms of extremism leading to terrorism.

Extremism is defined by the Government in the Prevent Strategy as:
- Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.
- We also include in our definition of extremism calls for the death of members of our armed forces, whether in this country or overseas.

Extremism is defined by the Crown Prosecution Service as:
- The demonstration of unacceptable behaviour by using any means or medium to express views which:
  - Encourage, justify or glorify terrorist violence in furtherance of particular beliefs;
  - Seek to provoke others to terrorist acts;
  - Encourage other serious criminal activity or seek to provoke others to serious criminal acts; or
  - Foster hatred which might lead to inter-community violence in the UK.

There is no such thing as a “typical extremist”: those who become involved in extremist actions come from a range of backgrounds and experiences, and most individuals, even those who hold radical views, do not become involved in violent extremist activity.

Children and families may become susceptible to radicalisation through a range of social, personal and environmental factors - it is known that violent extremists exploit vulnerabilities in individuals to drive a wedge between them and their families and communities. It is vital that the Nursery school staff are able to recognise those vulnerabilities.

Indicators of vulnerability include:
- Identity Crisis – the student / pupil is distanced from their cultural / religious heritage and experiences discomfort about their place in society;
- Personal Crisis – the student / pupil may be experiencing family tensions; a sense of isolation; and low self-esteem; they may have dissociated from their existing friendship group and become involved with a new and different group of friends; they may be searching for answers to questions about identity, faith and belonging;
- Personal Circumstances – migration; local community tensions; and events affecting the student / pupil’s country or region of origin may contribute to a sense of grievance that is triggered by personal experience of racism or discrimination or aspects of Government policy;
- Unmet Aspirations – the student / pupil may have perceptions of injustice; a feeling of failure;
- Rejection of civic life;
- Experiences of Criminality – which may include involvement with criminal groups, imprisonment, and poor resettlement / reintegration;
- Special Educational Need – students / pupils may experience difficulties with social interaction, empathy with others, understanding the consequences of their actions and awareness of the motivations of others.

However, this list is not exhaustive, nor does it mean that all young people experiencing the above are at risk of radicalisation for the purposes of violent extremism.

More critical risk factors could include:
- Being in contact with extremist recruiters;
- Accessing violent extremist websites, especially those with a social networking element;
- Possessing or accessing violent extremist literature;
- Using extremist narratives and a global ideology to explain personal disadvantage;
- Justifying the use of violence to solve societal issues;
- Joining or seeking to join extremist organisations; and
- Significant changes to appearance and / or behaviour;
- Experiencing a high level of social isolation resulting in issues of identity crisis and / or personal crisis.

The Department of Education guidance The Prevent Duty can be accessed via this link.
Appendix 4 – E-safety Concerns

A concern is raised

Refer to the Head teacher/Designated Safeguarding Officer DSL

What type of activity is involved?
(Use screening tool/e-safety legal framework)

Incident closed
(Is counselling or advice required?)

Illegal

Establish level of concern.
(Screening tool)

Inappropriate

Who is involved?

Child as instigator

Child as victim

Staff as victim

Staff as instigator

Establish level of concern.
(Screening tool)

Potential illegal or Safeguarding issues?

Yes

DSL to consider need for CP referral, or where staff member allegation, referral to LADO

No

Other children involved?

In-school action:
DSL, Head of ICT, senior manager.

Counselling
Risk assessment

Possible legal action

School disciplinary and Safeguarding procedures (possible parental involvement)

Possible legal action

Duty LADO: 0300 200 1006 (Local Authority Designated Officer), Contact Centre Children’s referrals 0300 1231620
Appendix 5 – Useful Contacts/Resources

Further advice on Safeguarding is available from:

NSPCC:  http://www.nspcc.org.uk/
CEOPSThinkuknow:  https://www.thinkuknow.co.uk/
Anti-Bullying Alliance:  http://anti-bullyingalliance.org.uk/
Beat Bullying:  http://www.beatbullying.org/
Appendix 6 – extracts from ‘What to do if you’re worried a child is being abused’ (DfE 15)

n.b. this policy should be read in conjunction with this DfE advice to practitioners

There are four key steps to follow to help you to identify and respond appropriately to possible abuse and/or neglect.

It may not always be appropriate to go through all four stages sequentially. **If a child is in immediate danger or is at risk of harm, you should refer to the DSL/children’s social care and/or the police.** Before doing so, you should try to establish the basic facts. However, it will be the role of social workers and the police to investigate cases and make a judgement on whether there should be a statutory intervention and/or a criminal investigation.

**You should record, in writing, all concerns and discussions about a child’s welfare, the decisions made and the reasons for those decisions.**

**Being alert to signs of abuse and neglect**
The first step is to be alert to the signs of abuse and neglect, to have read this document and to understand the procedures set out in your local multi-agency safeguarding arrangements. You should also consider what training would support you in your role and what is available in your area.

**Questioning behaviours**
The signs of child abuse might not always be obvious and a child might not tell anyone what is happening to them. You should therefore question behaviours if something seems unusual and try to speak to the child, alone, if appropriate, to seek further information.

If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe. You will
need to decide the most appropriate action to take, depending on the circumstances of the case, the seriousness of the child’s allegation and the local multi-agency safeguarding arrangements in place. Talk to the DSL or Deputy DSL. You might refer directly to children’s social care and/or the police, or discuss your concerns with others and ask for help. At all times, you should explain to the child the action that you are taking. It is important to maintain confidentiality, but you should not promise that you won’t tell anyone, as you may need to do so in order to protect the child.

**Asking for help**

Concerns about a child’s welfare can vary greatly in terms of their nature and seriousness, how they have been identified and over what duration they have arisen.

If you have concerns about a child, you should ask for help.

You should discuss your concerns with your manager, a named or designated professional or a designated member of staff. For example:

- for early years practitioners, the Early Years Foundation Stage sets out that providers should ensure that they have a practitioner who is designated to take a lead responsibility for safeguarding children who should liaise with local statutory children’s services agencies.
- You can also seek advice at any time from the NSPCC helpline – help@nspcc.org.uk or 0808 800 5000.
- Next steps might involve undertaking an early help assessment or making a referral directly to children’s social care/the police.
- **If you have concerns about the safety or welfare of a child and feel they are not being acted upon by your manager or named/designated safeguarding lead, it is your responsibility to take action.**
Appendix 7 – Referral Contact Numbers: Surrey Children’s Services

Contact details

Surrey Children’s Services - Monday to Friday from 9am to 5pm

North East Area
Spelthorne, Elmbridge and Epsom & Ewell
0300 123 1610
NERAIS@surreycc.gov.uk
secure email: nerais@surreycc.gov.uk

South East Area
Mole Valley, Reigate & Banstead and Tandridge
0300 123 1620
serais@surreycc.gov.uk
secure email: serais@surreycc.gov.uk

North West Area
Runnymede, Surrey Heath and Woking
0300 123 1630
nwrais@surreycc.gov.uk
secure email: nwrais@surreycc.gov.uk

South West Area
Guildford & Waverley
0300 123 1640
swrais@surreycc.gov.uk
secure email: swrais@surreycc.gov.uk

Outside of these hours call Surrey Children’s Services on 01483 517898 to speak to the emergency duty team.
Appendix 8 – Incident Report Form: The Howard Nursery School
Appendix 9 – Body Map

**Body Maps**

Child’s name:

Date of birth:

Date/time of skin markings/injuries observed:

Who injuries observed by:

Information recorded: Date: Time:

Name: Signature:

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Appendix 10 – Multi-Agency Referral Form

Find form at: http://sscb.proceduresonline.com/client_supplied/multi_agency_referral_form.docx
Appendix 11 – Flowchart for Referring a Not Independently Mobile Child

Multi-agency Flowchart for the management of actual or suspected bruising in infants who are not independently mobile

1. Practitioner observes bruise or suspicious mark
   **SUSPECT non-accidental injury**
   A child who is seriously ill should be referred immediately to hospital

2. **Seek explanation, examine & record accurately using Body Maps**
   Note any other features of abuse e.g. bruises on face and 'soft' areas, bruises in clusters or imprints

3. **Explain to family the reason for immediate referral to Children's Services, and the need for paediatric examination**
   Hand over Parental leaflet 'Bruising in Infants who are not independently mobile'

4. **Phone Referral to Children's Services RAIS team or EDT**
   For multi-agency assessment
   referrals must be followed up in writing within 48 hours

5. **Children's Services**
   To arrange safeguarding medical within 24 hours

6. **Paediatrician**
   To complete safeguarding medical in accordance with SSCB procedures for undertaking Safeguarding Medicals.

7. **Document**
   Ensure all records are accurate, comprehensive and contemporaneous, and include body maps, discussions, rationale for decisions and actions taken
Appendix 12 – Flowchart for Raising Safeguarding Concerns about a Child.
Appendix 13 – Safeguarding Statement at The Howard Nursery School.